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FEDERAL COURT

Court File:

BETWEEN:

ASHLEY SMITH

and

FEDERAL GOVERNMENT OF CANADA

NOTICE OF MOTION

(Motion in writing)

TAKE NOTICE THAT ASHLEY SMITH makes an urgent motion to the Court in writing pursuant to section 117 (1) of the Federal Court Act under Rule 369 and for an abridgement of time under Rule 8 (1)

THE MOTION IS FOR :

- 1) INTERIM *EX PARTE* ORDER ISSUED ON AN URGENT BASIS FOR THE IMMEDIATE RETURN OF DAVID SMITH AND JAMES SMITH TO SAFETY WITH THEIR BIOLOGICAL MOTHER ASHLEY SMITH.
- 2) INTERIM ORDER FOR ADMITTANCE OF DAVID SMITH AND JAMES SMITH TO THE MONTREAL CHILDREN'S HOSPITAL FOR SEXUAL ASSAULT ASSESSMENT TO ASSESS PHYSICAL AND EMOTIONAL HARM.
- 3) AN ORDER WAIVING COURT FEES FOR THIS MOTION AND ALL FEES ASSOCIATED WITH THE MAIN ACTION OF CONSTITUTIONAL QUESTIONS AND OTHER RELATED COURT FEES.

- 4) ON ORDER ALLOWING FACSIMILE SERVICE OF THE CONSTITUTIONAL QUESTION FILLED BY ASHLEY SMITH NOVEMBER 19, 2018 WITH A AFFIDAVIT OF SERVICE.
- 5) AN ORDER PERMITTING ELECTRONIC EVIDENCE WITH INSTRUCTIONS OF HOW TO SUBMIT IN SUPPORT OF THE MOTION.
- 6) AN ORDER FOR THE COURT RECORDING OF:
 - a. THE OCTOBER 3, 2018 NELSON BRITISH COLUMBIA FAMILY COURT HEARING BETWEEN ASHLEY SMITH AND ANDREW SMITH AND THE
 - b. THE NOVEMBER 5, 2018 HEARING BETWEEN ASHLEY SMITH AND THE DIRECTOR OF MCFD.

FILLED November 19, 2018

THE GROUNDS FOR THE MOTION ARE:

- 1) No evidence that Ashley Smith neglected or abused her children. The British Columbian Family Court refused to consider a Family Court Decision of October 3, 2018 leaving David Smith in the custody of Ashley Smith. The British Columbian Family Court on November 5, 2018 gave temporary custody of James Smith and David Smith, who had been in the custody and primecare of Ashley Smith their biological mother since their births, to Andrew English and Dorothy English. Andrew English who is the biological father of only one of the children David Smith and had had no contact with James for 2 years. This decision was made contrary to the aforementioned October 3, 2018 court decision and without any evidence from the Ministry of Child and Family Development or any other evidence given to the court that Ashley Smith neglected or abused her children.. The unsworn report submitted by MCFD did not refer to any evidence that Ashley Smith neglected or harmed her children. However, it did contain reports by Ashley Smith and David Barron that David Smith was being sexually abused by Andrew English with reference to photo and video evidence. This decision was made without the court considering the sworn evidence submitted by Ashley Smith. Ashley Smith submitted to that November 5, 2018 court hearing a sworn affidavit with exhibits containing evidence of sexual harm of James Smith and David Smith by Andrew English including pictures and a medical report confirming that the child David Smith had sustained trauma to his penis when he was on a parental visit with Andrew English. And there was no allegation that either David Barron or Ashley Smith had sexually abused the children but the MCFD report did state that the children were at risk of sexual harm.
- 2) Ashley was unable to get a full examination for sexual abuse of the children in

British Columbia. This is required to confirm the extent of sexual abuse sustained by both children.

- 3) The grounds for the fee waiver is that Ashley Smith currently makes less \$1,000 per month.
- 4) The electronic evidence shows abuse of David Smith and James Smith by Andrew English the biological father of David Smith.
- 5) The court tapes for November 5, 2018 are required to support that Ashley Smith gave evidence to the court November 5, 2018 that David Smith was being sexually abused by Andrew English and the James Smith had been abused historically by Andrew English. The tapes will also confirm that Ashley did not have an opportunity to refute the unsworn telephone testimony of Andrew English's lawyer who had no first hand information to offer and who offered an inaccurate account of the October 3, 2018 separation order issued by the BC Family Court in this case giving Ashley Smith custody of David Smith. And finally it will confirm that Ashley Smith attempted to show the BC Family Court Judge Seagram on November 5, 2018 the courts notes of the order issued by Judge Brown at BC Family Court October 3, 2018 court hearing and was disallowed.

And the court tape for October 3, 2018 will confirm that allegations that Ashley Smith was mentally ill and made false allegations of sexual abuse against Andrew English had been adjudicated in the October 3, 2018 BC Family Court hearing.

THE FOLLOWING DOCUMENTARY EVIDENCE will be used at the hearing of the motion:

1. The court order of Judge Brown as stated in the court notes on October 3, 2018 giving custody of David Smith to Ashley Smith. (Exhibit F)
2. The affidavit of Ashley Smith dated November 2, 2018 submitted to the November 5, 2018 MCFD hearing which contained a sworn statement of sexual interference of James and David Smith by Andrew English including pictures and a medical report confirming trauma of David's penis when he was returned home by Andrew English after a parental visit. (Exhibit C)
3. The unsworn MCFD report submitted at the hearing November 5, 2018. This document did not contain reference to any evidence of neglect or abuse of James and David Smith by Ashley Smith. It did however contain reference to reports by Ashley Smith of sexual harm to David Smith after visits with Andrew English. The document

has a statement by David Barron that he had a collection of videos and pictures showing the condition of David when he returned from visits with Andrew English. The document also stated that the child was at risk of sexual harm yet no allegations of sexual harm by Ashley Smith were made. No other evidence or witnesses were presented in the hearing. (Exhibit E)

CASE LAW REFERENCES TO SUPPORT THE IMMEDIATE RETURN OF THE CHILDREN DAVID SMITH AND JAMES SMITH TO ASHLEY SMITH AS PER THIS MOTION.

Children's Aid Society of Algoma v. S.C., 2007

"Judge failed to identify substantial risk to the child's health or safety between time of warrantless apprehension and time that it would have taken to get warrant to apprehend or to bring case to court for hearing."

"...in passing comment, motion judge seriously questioned how reasonable and probable worker's grounds were for warrantless apprehension in light of totality of evidence presented at motion for interim care and custody."

Children's Aid Society of Ottawa-Carleton V.D.(K), 2002

"Therefore, the test in my view is as follows. The Children's aid Society must establish, on credible and trustworthy evidence, reasonable grounds to believe that there is a real possibility that, if the child is returned to his or her parents, it is more probable than not that he or she will suffer harm. Further, the society must establish that the child cannot be adequately protected by terms and conditions of an interim supervision order to the parents."

Children's Aid Society of Waterloo Region V.DD., 1995

3)"...Where facts are seriously in dispute, any change in custody should generally be reserved to trial judge;..."

"Even if the allegations against mother were true it would be unfair to confirm current prejudicial arrangement brought about by child protection authorities."

Children's Aid Society of Niagara Region v. B.(C.), 2005

"...Motion for interim care and custody under section 51 of Child and Family Services Act where Children's Aid Society must justify its decision to apprehend child cannot be used to excuse unlawful apprehensions - In any event, this post-apprehension review is a poor substitute for society's use of improper procedure in the first instance and cannot ban court's independent inquiry into propriety of apprehension."

"...risk of emotional harm, must be real in deponent's eyes, "must be seen to be real by objective observer.""

29)"In my view, it is quite appropriate to consider the lawfulness of an apprehension when dealing with a motion under S. 51 of C&FSA. Indeed, it may be that a written notice of motion, although desirable, is not always necessary to raise the issue

of lawfulness. At.... all evidence needed to justify apprehension already should be included in material filed as part of application."

31)"Effect of removal even if short term "embarrassment and stigma of a unlawful apprehension". Parents have the right to expect children will not be unlawfully removed."

33)"Post-apprehension review is a poor substitute for proper procedure in the first instance."

J.P. v. British Columbia (Children and Family Development), 2017 BCCA 308 (CanLII)

This case law demonstrates that the problems Ashley Smith had with Ministry of Child Family Development and the Family Court regarding her complaint that Andrew English was sexually abusing her children is systemic. THE MCFD and the Family Court did that same thing removing the children from the mother after the separation agreement made by the court giving custody to the mother. This system failed to protect these children from sexual abuse and punished the mother for complaining of the abuse.

November 19, 2018



signature of party

FROM: Ashley Smith,
267 Montreal Rd, Ottawa, Ontario K1L 6C4
Phone: 807-355-7355
Fax: 866-544-9981

TO: Federal Government of Canada
239 Wellington Street, Ottawa, Ontario, K1A 0H8
Phone: 613-957-4222
Fax: 613-954-1920

SOR/2004-283, s. 35

ORDER

FEDERAL COURT

Name of judge or prothonotary)

(Date)

(Court seal)

FEDERAL COURT

Court file:

BETWEEN:

ASHLEY SMITH

and

FEDERAL GOVERNMENT OF CANADA

THIS COURT ORDERS that David Smith and James Smith biological children of Ashley Smith be returned to her custody immediately November 19, 2018 to 249 Presland Rd. Ottawa, Ontario 2018 from Dorothy English and Andrew English of Balfour British Columbia.

THIS COURT ORDERS that David Smith and James Smith be admitted to Montreal Children's Hospital for a full physical and psychological examination to assess the extent of sexual abuse they experienced. And to receive whatever treatment is required.

THIS COURT ORDERS that tape recordings of the October 3, 2018 hearing at BC Family Court that issued a by Judge Brown regarding the custody of David Smith be brought to the Federal Court in consideration of the motion brought by Ashley Smith on November 19, 2018 and for the Constitutional Question filed by Ashley Smith on November 19, 2018.

THIS COURT ORDERS that tape recordings and photos taken by Ashley Smith and David Barron be accepted by the court as evidence of sexual harm of James Smith and David Smith.

THIS COURT ORDERS that neither the Ministry of Child and Family Development of British Columbia nor the Children's Aid Society of Ontario apprehend these children without a criminal court temporary or permanent order of protection.

THIS COURT ORDERS that fees for court costs be waved for Ashley Smith with regard to this motion filed November 19, 2018 and the Constitutional Question filed November 19, 2018,

FEDERAL COURT

Court file:

BETWEEN:

ASHLEY SMITH

and

FEDERAL GOVERNMENT OF CANADA

AFFIDAVIT OF ASHLEY SMITH

- 1) I, ASHLEY SMITH, homemaker, of the city of Ottawa, SWEAR THAT:
- 2) I am the applicant in this action.
- 3) I have conducted a diligent search of my records and have made appropriate inquiries of others to inform myself in order to make this affidavit.
- 4) This affidavit discloses, to the full extent of my knowledge, information and belief, all of the documents relevant to any matter in issue in the action that are in my possession.
- 5) What I am presenting to the court for evidence of sexual abuse of my two children David and James Smith by Andrew English.

LIST OF EXHIBITS

1. Affidavit of Ashley Smith sworn January 13, 2017 presented to Judge Brown at Nelson court on January 18, 2017. This sworn document gave evidence to the court that James had disclosed sexual abuse to the best of his ability to myself at paragraphs 73 - 76 and 91 - 94.
2. Affidavit of Ashley Smith parts 1 and 2 sworn on August 10, 2018 presented to Judge Brown, Nelson court on multiple dates with the decision made October 3, 2018. This document gives evidence of sexual abuse at part 1 paragraph 13, part 2 paragraphs 12, 14, 18, 25 - 28, and 31. Also containing letters from Malachy Korpi and Hanna Laaksonen Korpi detailing what they had seen while putting

James to bed in January of 2017. (Exhibit B, Exhibit A pages 2-3 contained within)

3. Affidavit of Ashley Smith sworn on November 2, 2018 containing the following.
 - a) Pictures of possible sexual interference of David Smith. (Exhibit C, exhibit N contained within)
 - b) Letter from Doctor Fitzsimons (Exhibit C, Exhibit J contained within). This document shows that Doctor Fitzsimons found David was not in need of a circumcision but had been experiencing trauma to his foreskin, not infections. Note photo 5 (Exhibit C, Exhibit N contained within) shows the condition of trauma to David Smith's penis when he returned from a visit with Andrew English.
 - c) Carmen Carter's Affidavit (Exhibit C, Exhibit D). This document shows that James was suffering from trauma consistent with past sexual abuse.
 - d) Letter from Cathy Swanston (Exhibit C, Exhibit L page 1 contained within). This document shows that James was being seen for behavioural issues consistent with a child who has been sexually abused. Also, that the concerns about James being sexually abused was credible, given the behaviours seen.
 - e) 211 Report Page 6, paragraph 4 and 5 (Exhibit C, Exhibit G contained within). This report shows the regressive behaviour and speech delays experienced by David Smith after visits with Andrew English.
4. A Vocational Psychological Assessment completed on October 30, 2018 by Dr. Helen Peel. (Exhibit D)
5. The Report to the Provincial Court of British Columbia, Form A, submitted by the MCFD on November 5, 2018. (Exhibit E)
6. The Court Summary Sheet from October 3, 2018 leaving David Smith in my care. (Exhibit F)
7. David Barron's affidavit sworn on November 19, 2018. (Exhibit G)
8. There are numerous digital videos and photos of David Smith taken by David Barron and myself when David Smith returned from visits with Andrew English in a distressed state. There is mention in the MCFD report to the court submitted November 5, 2018 that states that we had this evidence. These pictures were taken only when David Smith returned from the visits with Andrew in distress. And most were taken when the child was asleep and, if not, with as little

invasiveness as possible. The videos and photos show trauma to the penis, enlarged and reddened anus, scratches on thighs, scratches, blisters and splitting on lips and scratches on ankles. Videos also show sexualized and disturbing behaviour of the children to themselves and to each other. To date, police and MCFD have refused to review this evidence. There is a motion before the Federal Court for instruction on the use of this evidence for the motion filed by myself November 19, 2018 and to support the constitutional challenge filed by me November 19, 2018.

FIRST OF THREE FAMILY COURT HEARINGS

1. I submitted an affidavit; refer to Exhibit A.
2. Andrew English made allegations that I was not letting him see his son.
3. My lawyer at the time advised me to make a deal for supervised visits, stating if not Andrew would have unsupervised access to David who was 3 months at the time. I agreed out of being more afraid about unsupervised visits.

SECOND OF THREE FAMILY COURT HEARINGS

1. I submitted an affidavit; refer to exhibit B.
2. Andrew English made allegations that I was mentally ill and unable to care for David Smith and wanted to remove the supervision, have 100 percent of the parental responsibility and almost 50 percent of the parenting time.
3. Court ruled to remove the supervision but left me with the parental responsibility and denied additional time. An arrangement was made to move the Monday night visit to a earlier Friday pick up. (Exhibit F)
4. On Tuesday, October 30th, 2018, James and David Smith were apprehended without a warrant and intended to put to the custody of Andrew and his aunt Dorothy English. David Barron expressed great concern for the children and was advised they would be put in a foster home. The MCFD decided to move them to Dorothy's the next day. I called David Barron to pick me up from my psychiatric evaluation to be told the

children had been taken by the MCFD and the police. Refer to affidavit of David Barron at paragraph 19.

THIRD OF THREE FAMILY COURT HEARINGS

1. I submitted an affidavit, refer to Exhibit C, which contained sworn statement about abuse of David Smith by Andrew and exhibits evidence supporting this my claim. The MCFD submitted an unsworn report at Exhibit E.

2. You will note in the MCFD report, no clear allegations of harm to the children are made against me and no reference to any evidence if harm by me is made in this document. However, they note that I made allegations of sexual abuse by Andrew English. The MCFD report also indicates, at paragraph 24 sentence 6, that David Barron informed them that he has pictures and videos of David Smith when he came home from visits with Andrew English. Note that the MCFD and Nelson Police and RCMP were informed of this evidence but refused to review it.

3. The Ministry called Andrew English's lawyer, Janet Connolly, who gave an unsworn testimony to the court regarding Andrew English's allegations. Andrew English made allegations made through the lawyer that I was making false statements against him and that I was mentally ill. In response to my claim that Andrew English made these claims in the custody hearings. Lawyer said these allegations were not part of the October 3rd hearing and she made a false statement about the findings of that court whose order had not yet be issued.

4. I advised the court that I had a statement of the findings of the court on October 3rd, 2018 which are contrary to the statement of Janet Connolly to the findings of the Court hearing date October 3rd, 2018. Refer to Exhibit F attached.

5. During this hearing I was not given time or opportunity to respond to the allegations made by MCFD nor was I permitted an opportunity to present case law that I had with me to support the immediate return of the children to me. The transcripts of all three hearings are being requested by the court in my motion submitted November 19, 2018. My sworn evidence submitted to the court was ignored while the court made a ruling based on an unsworn report from the MCFD which did not contain clear allegations or even reference to evidence they might produce in the future and an unsworn statement by the lawyer Janet Connolly who has no first hand information about the matter except for the previous court hearing which she misrepresented to the court.

6. The ruling was made without evidence, clear allegation or reference to any evidence of sexual abuse of the children by me. Nor have I neglected or harmed my

children. I went to extraordinary lengths to protect them and I put a tremendous effort into getting them help for the trauma they suffered. MCFD submitted The Report to the Court of BC Form A, which states that the children are at risk of sexual abuse. To the knowledge of the court, the only allegations about sexual abuse are made against Andrew English by myself supported by clinicians yet the court ordered the removal of children from me and for them to be given to Dorothy English (aunt of Andrew English) without restricting access to Andrew English who is the only one identified by the court as abusive to the children.

7. Please note also that two children were apprehended from me but only one child is mentioned on the the MCFD Report and only one child is related to Andrew English.

8. For the last 2 years I have stopped at nothing to get my children help, stop the abuse and report to the authorities, and for 2 years I have been run in circles, intimidated, threatened, abused further, been lied to and about, and had multiple agencies conspire against me and my children. I have seen therapists, counselors, and specialists (infant development, speech, eye, hearing, play therapy). I have made reports to police and the MCFD, professionals have called and made their own reports, I have been told there are investigations going on yet there's NO examination of evidence I told them of. All I have asked for is access to specialists with the education and training necessary to conduct a proper investigation and that my children be protected in the meantime. Only to have them ripped from me and everything I did for them, discredited by these same authorities with no investigation and covered up. Everyone has passed the buck and failed to protect these children, they ran me in circles with hope of burning me out and having me just go away.

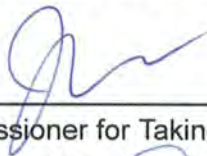
9. The buck stops here at the Federal Court because exclusive, constitutional, jurisdiction for child protection is designated to the federal government in section 91.27 of the Constitution of Canada. This court cannot reasonably absolve itself of these matters I bring to it because the federal government has exclusive jurisdiction over protection. No mother dealing with her own trauma should be left with the responsibility of protecting and investigating the sexual abuse of her own children not to mention have the agencies who are supposed to help, not only not help but actively try to destroy her mentally, emotionally, physically and spiritually. My story is horrid and I am not alone, time and time again mothers desperate to protect their children are falsely labeled, ridiculed, defamed and destroyed. While predators and abusers are left alone and encouraged to continue harming children.

10. The provincial government without the constitutional authority took it upon itself to "protect children" with the MCFD and the Family Court. Not only was I not protected by this provincial structure but I was harmed by it and all my constitutional legal rights were violated. My children who were in my care since birth were ripped away from me without clear allegations or evidence that I have harmed them and placed in harm's way with

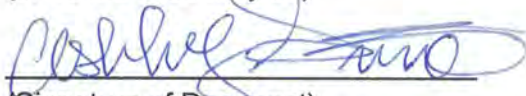
their sexual abuser Andrew English without regard to the evidence that this individual severely sexually abused infants including anal penetration.

11. The provincial system is constitutionally flawed and has failed us so I am asking Federal Court under its power of *Parens patriae* to remove my children from their current placement and return them to my custody to prevent further harm. My children are in grave danger right now as we speak. This matter needs to be fully investigated, all agencies who have played a part need to be accountable. My children and myself have suffered grave injustices, loss of rights and extreme harm at the hands of the provincial "child protection system".

Sworn (or Affirmed) before me at the City of Ottawa on November 19, 2018.



Commissioner for Taking Affidavits
(or as the case may be)



(Signature of Dependent)

Jane Scharf
Licensed Paralegal
#P06406

THIS IS EXHIBIT " A " TO THE
AFFIDAVIT OF Ashley Smith, affid Jan 13, 2017
SWORN BEFORE ME ON Nov 19, 2016


A COMMISSIONER ETC

Jane Scharf
Licensed Paralegal
#P06406

**IN THE PROVINCIAL COURT OF BRITISH COLUMBIA****IN THE CASE BETWEEN****ANDREW CROFTON ENGLISH**

Applicant

- and -

ASHLEY JEAN SMITH

Respondent

AFFIDAVIT**I, ASHLEY JEAN SMITH, homemaker, of Ymir, British Columbia, MAKE OATH AND SAY:**

1. I know or believe the following facts to be true. Where these facts are based on information from others, I believe that information to be true.
2. June 2015 Meet Andrew. Andrew starts staying at the house on and off, mostly here but leaves some times for a few days, sometime a week or so
3. Aug 2015 Having conversation with Andrew about his past, Andrew punches the wall right beside my head very hard and responds loudly with the statement "Stop trying to figure me out"
4. Aug 2015 Andrew comes back from Shambhala and spends a week in bed detoxing from all the drugs he consumed, complaining of a bad back.
5. Dec 2015 Andrew moves his stuff in as he believes the place he was staying had trouble coming due to drug activity there, and did not want to be there when this happened. He had been staying at both places on and off but spending most of his time here.
6. Jan 2016 Find out I am pregnant, Andrew wants me to have a abortion, told him I was not able to do that and if it meant having another baby on my own I was fine with that.
7. Feb 2016 Andrew borrows \$7 000 from a loan shark to set up a medical grow operation at another location; the permit is never obtained but he moves into this location and starts operations to pay back the loan.

8. I had advised Andrew to not get involved with such things and that we would figure out another way of providing for the children. At this time I was paying all the bills and doing all the work to get ready for the baby)
9. April 2016 David moves out of house
10. April 2016 It is around here that I learn of the condition in which Andrew's mother is living in; apparently she is a hoarder living with the fecal matter of dogs, cats and mice, while working as a cleaner at the local hospital. I expressed my concerns as my grandmother died of a infection she contracted at a hospital and advised Andrew that if the situation is not taken care of she will have little to no contact with the baby.
11. It is at this time that Andrew decides to contact his aunts, her sisters, and advise of the situation. It is in these conversations that Andrew reiterates what I have said to him to them almost verbatim as if it was himself who came to these conclusions. This is when my suspicions of who he is as a person begin to arise.
12. May 2016 Andrew is removed from the grow-op location, citing the money is not being paid back timely and the house is in deplorable condition with extensive damage to the property.
13. May 2016 Andrew moves his stuff back into my house. My landlord is advised of Andrew's previous situation and performs a house inspection of my place to ensure there is no growing happening and the house is in a good state, in which it is. This is when I learned of the condition of the other house.
14. July 2016 I move my son James into other bedroom in other to get him used to sleeping on his own before the baby arrives.
15. When Andrew had moved his belongings to my house, he had put his bed into the other bedroom and started sleeping there, telling me the bed was better for his back.
16. Andrew was not very helpful around the house, something we had many discussions about, however once James moved into the other bedroom, Andrew started offering to put James to bed for me.
17. When I put James to bed, I would put him into his own bed, but Andrew decided to move him into his (Andrew's) bed as it is easier for him when he helps put James to sleep.
18. Aug 2016 It is around this time that I started to notice behaviour changes in James - hyperactivity, throwing fits for no reason, stops trying to communicate (loses the words he had and stops pointing at things to learn further words).
19. He also begins to bang his head off the door when put to sleep, and bring random objects to bed with him (random toys, anything he can pick up when being brought for bedtime). At the time I thought his behavior was caused by the stress of the house as well as a previous tumble into the TV stand in which he had to have super glue to close the abrasion,

20. Sept 2016 I again attempted a conversation about the help needed around the house as well as Andrews inability to be present or responsive with James, none of his schedules being adhered to (nap time, eating times, bed times and the like) as well as putting shows like South Park and violent movies on for him to watch while he eats.
21. Andrew rages anytime he is confronted with a truth he doesn't want to hear and he did that when I confronted him, going to "his" room, throwing a pillow and damaging his shoulder in the process and kicking a huge hole in the wall. Needless to say this was the end of the conversation.
22. Late Sept 2016 After Andrew puts James to sleep he comes out of the room and I say to him I love you to which he responds "If you really knew me, you could never love me". This further raises my suspicions of who Andrew is as a person.
23. Aug 2016 and Oct 2016 Multiple times I proclaimed "What is going on with my son" to which Andrew replies its because Dave left (a platonic friend who had moved with me from Ontario to Ymir and with whom I shared the with house for quite a while), or that his dad isn't around, or ignored me and changed the subject.
24. At this point in the relationship I am exhausted physically, mentally, emotionally and spiritually. Any time I try to bring up any issues in the house whether it be about cleanliness, or Andrews inability to show me any compassion or empathy towards the hard pregnancy or the relationship with his mother, he rages, turns the issues back on me or goes completely cold.
25. This causes me to feel more and more depleted and crazy over time and like I was a bad person. There is absolutely no communication and it is around this time that I begin going to bed telling myself I have nothing left.
26. I communicated these feelings to Andrew in a attempt to receive some more help around the house and the comfort I desperately needed as a pregnant mother with a toddler who seems to be becoming more and more unhinged.
27. James no longer wants me to clean his face after eating, doesn't want me to change his diapers, insists that his pants are put back on after changes and is not interested in dressing himself anymore.
28. He has also been trying to communicate something to me with actions and sounds and I reply I do not understand at which time he bangs his head off of whatever is closest be it the couch or a toy or the floor.
29. It was also around this time that I asked Andrew if he could rub James back when he put him to bed. James was becoming cold and I believed it was from a lack of comfort, to which Andrew replied no problem.
30. This was also around the time I started to find Andrews socks beside the bed full of cum (I was the one doing the laundry) multiple times a week. I assumed it was my

pregnancy and the stress in the house and that he was doing it long after James was asleep.

31. Oct 3 2016 Baby Ryan is born; it was a very traumatic birth. I received an extensive episiotomy that I was told later went in multiple directions. The doctor attempted to pull out the placenta 4 times before bringing me for surgery and on the way to surgery I pushed out the placenta during a contraction.

32. I was then put to sleep on a large dose of Ketamine (this is not standard procedure and takes many weeks to exit the system) in order to stitch up the ~~placenta~~ ^{episiotomy}. The doctor also tried to get me in for a C-section while I was delivering (in a matter of 10 mins) which would have happened had it not been for the older nurse on duty who advised the doctor that the baby was coming now and this is how it was happening.

33. The episiotomy was excessively painful and to this day I still experience burning, tingling, pain and numbness at certain times, especially after a long day or attempting to lay on my right side. It took more than 6 weeks for the bulk of the discomfort to subside but again has not cleared completely due to nerve damage.

34. Oct 7th I left hospital as I wanted to get home to James. I was given a lot of pain medication to deal with the episiotomy and it was at least 3 weeks before I was able to start weaning myself off the pain medication.

35. I had great difficulty nursing Ryan; I had a lot of pain breast feeding Ryan, he would choke on my let downs which were very painful. I now know his choking was because he is tongue tied. We have been able to find a rhythm and the pain has greatly lessened, but it took over a month to get there.

36. Oct 9th Attempted to communicate to Andrew how I felt about Ryan being taken away at birth to have tests performed on him and a vitamin K shot. Both of these things I was never asked about and were performed despite my birth plan to not have them performed. Also the fact that I was taken for surgery by myself, that not the midwife or himself were there to support me and it was over an hour before I was finally given my baby and able to feed him.

37. Andrew once again tried to turn the conversation around and blame me for the outcome of the delivery. I felt extremely unheard and unsupported.

38. James behaviour at this time had also reached an all time low; he would just run around the house and get into everything he knew he shouldn't, his play had completely disappeared and he became completely orally fixated which he had never been.

39. He had never had a soother and stopped putting objects in his mouth at a very young age, and was weaned around 16 months at which point he would only ask once every couple days for the breast when needing comfort.

40. Oct 10th I had been pumping as to avoid the large let downs for the baby and Andrew had the baby and was feeding him from the bottle at which point he started

to choke and could not catch his breath and he turned blue. I got him into the bathroom and turned on the shower to get steam to help him move what was blocking his airway.

41. I became very concerned, when I would get the baby back from Andrew as he would be lethargic, puking or choking and this was the worst case of it. We brought the baby to the hospital for observation as I was concerned there was something stuck in his throat due to the fast delivery and him not being squeezed enough. I believed the way Andrew was holding the baby was closing his airways hence the lethargy and puking.
42. It was at that time that I lessened the amount of time I allowed Andrew to hold the baby and chose to use his vibrating chair to hold him while I needed to do other things. After this point the baby got much better and the issues we were experiencing subsided.
43. Middle of Oct I woke up completely exhausted to the baby clawing at my nipples and kicking me in the stomach, I yelled Ouch, I was still half asleep, I tried to get him to latch and he refused and kept clawing at me and kicking me (I believe it was gas).
44. I started pleading with him to stop and to go easy, I was very frustrated at our inability to get into a rhythm of feeding (something I never experienced with James) as well as the amount of pain it was causing me. It was a moment of new mom weakness.
45. At which time Andrew comes into the room and yells at me for getting frustrated with the baby, again offering no compassion or concern for myself, he was also sleep deprived at this point and it was causing him to be excessively irritable. He would take the baby in the mornings and allow me to have a hour or so to actually sleep but by this point it was clear he did not like the extra responsibility and was just looking out for himself.
46. Andrew took the baby and went to the living room, I feel asleep for a short bit, when I got up I came into the living room and tried to explain to him the pain I was in, the frustration of how hard it was to feed the baby as well as my exhaustion and that it didn't help anything to come into the room and yell at me.
47. He went completely cold to me, would not respond, wouldn't look at me, wouldn't even acknowledge that I was speaking to him.
48. At this point I snapped, the baby was laying on his belly (no where near Andrew's face) and I hit him in the jaw. I did not swing and there was no possibility of me hurting the baby.
49. I am not proud of this moment, I was just so destroyed at that point, I just wanted him to feel something anything. At this point he got up in a rage and started screaming at me.

50. I got scared and quietly asked him to give me the baby in the most gentle voice I could muster. He yelled no; I kept asking please just give me the baby and after the 4th time he handed me the baby at which point I sat on the couch to feed the baby.
51. Andrew kept yelling, saying he was going to take my kids away, and left outside, by which point I was crying hysterically. I called his aunt Margret and while crying told her what had happened and what Andrew had said to me.
52. She asked to speak with him and they had their conversation outside. When it was over he came back inside and gave the phone to me and his aunt told me she thinks we should see someone and I agreed.
53. There was no way we were ever going to make this work as long as there was no communication and now the conversations were getting more then heated. Andrew left for a few hours to a friend's house and then returned.
54. I realize now that by this point I was suffering from postpartum depression and Andrew's behaviour was making it even worse. I was completely destroyed and had no energy at all and it is very difficult for me to just take care of the baby.
55. I received a call from the public health nurse to come weight the baby and speak about postpartum depression and I agreed to have her come over as I thought it would be good for Andrew to hear about what I was going through from someone else.
56. She advised him that I need hugs, and food and for him to check in with me from time to time about how I was feeling. During the appointment he agreed to all that but it fell on deaf ears and there were no changes to his behaviour towards me.
57. End of Oct There was another argument as I had been asking Andrew for over 3 weeks to clean out the fridge and at this point the whole house was beginning to smell like garbage (not a safe environment for a newborn) as well as I needed help with all the laundry and other cleaning (all the cooking cleaning) as I was still in a lot of pain and the more I did around the house the worse it was. Andrew again raged and left the house.
58. Beginning of November I was sitting on the couch and James was playing in the hallway. I looked around the corner to see him playing with a stuffed animal; he laid it on the ground, spread it legs open and started rubbing it in the middle.
59. I looked at Andrew who was on the floor looking at the baby in the vibrator chair and I motion my head for him to look at James and he sees what James is doing.
60. I asked James if he was wiping the baby's bottom at which point he gets a cloth and wipes the bum of the baby; this is not the area in which he was rubbing. I look back at Andrew, the look on his face is terror, he then responds by saying kids do weird things and changing the subject.

61. Nothing from what Andrew writes in his affidavit from November 9th to the 18th (paragraphs G to M) even happened; there had been arguments but they revolved around our relationship and the lack of help around the house.
62. Nov 18th James had been really acting out in the last few weeks and I was finally in a routine more or less with the baby so I decided to take over bed time again as I couldn't pinpoint where the behaviour was coming from and bed time was the only time I wasn't seeing what was happening.
63. Andrew didn't like this idea and said that its okay I can do bed time and I said no, I would like to do this as I need to get my closeness back with James. I thought it could be a lack of comfort or me always being with the baby that was exaggerating the issues.
64. This night was the second time James tried to have me touch his penis, the first being earlier in the week during a nap time. I was rubbing his back and he turned over and pushed my hand down over his penis on top of the diaper.
65. I removed it and asked him if anyone else does this, he said yes. I asked if it was Andrew, he said yes. I asked if this is how he goes to sleep, he said yes.
66. Horrified I left the room and immediately confronted Andrew about it. Andrew said if James ever put his feet on him he just moves them, he also said he just plays his video game on his Iphone and James falls asleep.
67. That night James ran around for hours and I was unable to put him to sleep and at 12 Andrew offered to try.
68. I agreed as I could not be certain of what James had told me and if he just didn't want to go to bed. When Andrew put him to bed I quietly listened at the door and I heard him say to James "No buddy I don't need help with that right now just go to sleep". This was in a tone of voice I had never heard him use with him before.
69. Andrew left the room about 10 minutes later so I know nothing had happened that night especially after confronting him about it.
70. I couldn't sleep at all that night and at about 2:30 I went into James and Andrew's room, woke up Andrew and asked him if there was a possibility that James had seen something on his phone (meaning porn) which would go to explain why he was rubbing the stuffed animal.
71. Andrew responded maybe. I asked how exactly do you put him to bed and again he reiterated that they just watch videos sometimes or he plays his video game and he said that he doesn't even rub his back. (Which he had told me months previous that he would do).
72. He also said that he would never hurt James (this is something that he has repeated multiple times) and I went back to bed to get some sleep, feeling okay by the

conversation that nothing had been happening but I was too exhausted to really see what I was looking at.

73. Nov 19th Still very concerned about the night before, after breakfast I was outside with James and I asked him if there was any way he could show me what he's been trying to tell me. He said down, down, down. I asked anything else and he said up please, up please.
74. I asked what was happening with Andrew on the Iphone when this was happening he replied "ah, ah, ah" and the way he said it sounded like female orgasm noises.
75. I asked him then what happened and he then blew spit bubbles until there was spit running down his chin.
76. I then asked if there was anything else and he pointed to his mouth, put his hand on the back of his head and pushed his head up and down.
77. I started crying and apologizing and I told him he's done nothing wrong and that it's okay to feel upset about this. He sat beside me with a blank look on his face.
78. That day I moved James bed into my room. Andrew saw me doing this and without asking any questions as to why I was doing it just helped me finish putting James' beside my bed, which I found rather odd if nothing had been happening.
79. I put James to bed around 8:00 by himself in my room and returned with his brother at about 10. Andrew came into the room and asked where James was sleeping. I said beside me and he replied I guess there's no room for me and left.
80. Shortly after he left James had a horrible nightmare and started pushing away at the bed, and then the wall, all this while screaming and then sat up and started to grab for something that wasn't there.
81. As he came to consciousness he grabbed at the blankets and pulled them all up over him. I told him Mommies here, your safe and its okay and he fell back asleep. He woke up many times that night and kept forcefully putting his feet into my crotch area. I would move them away and he would back his bum into me to which I would also push away.
82. Nov 20th Since confronting Andrew about James behaviour he had been very short with him, saying things like "I need my space" and to "Get away" but this day was baby shower day and Andrew was once again nice to James and on his best behaviour.
83. I put James to bed in my bed again and read him books. When we were done I told him to go to sleep and he turned over and said "un, un, un", his way of asking for something and pointed to his bum and said bum, as if wanting me to rub his bum.
84. I told him mom can give kisses and cuddles and that's it. He then tried to put both feet on my crotch again forcefully. I moved them and told him not to touch other

people without their permission. I rubbed his back and he turned over and spread his legs open, turned his head to the side (away from me) and I looked over him and he had a blank look on his face.

85. I told him mommy doesn't touch there and he should only touch there unless in the bath or having a diaper change.

86. I left the room at this point, he cried for a couple minutes and fell asleep.

87. James woke up at about 1:30 with a terrified look on his face and couldn't go back to sleep. I asked if it was a bad dream and he said yes. We got up had some water and dried cranberries and went back to bed.

88. He put his feet on me again; I moved them and told him that mommy doesn't like that and to please keep your feet to yourself. He then turned over and wanted me to touch his bum; this time he was pointing under the diaper.

89. I told him mommy gives hugs and cuddles and he cuddled into me and started to rub my chest. I told him no and to please not touch mommy like that. I turned over and went to sleep, he did the same.

90. Nov 21st Andrew woke up, made coffee and left without a word to any of us. Just before Andrew got back James found a sample bottle of lotion and spilled it on the ground. I asked him what it was and he pointed to the white liquid and said piss.

91. Andrew came in and James insisted Andrew come over and look at it. Andrew then sat in the big chair and James got up and sat in the arm of the chair and nuzzled into Andrew and put his head on his shoulder, he then moved both feet onto Andrews penis.

92. Andrew moved his feet and James then started putting his head down to his lower belly (Andrews) and looking up at him, he did this 2 times.

93. Andrew moved James onto the floor where James kept ramming into his penis with his hands.

94. As I was saying that's enough Andrew said to him that we don't touch people there. James then looked at him with a confused look on his face and continued to ram his hands into his penis. I found this especially disturbing as they had had little contact in the last couple days and this is how James decided to show his affection for Andrew or get his attention.

95. I removed James and put him down for a nap. While I was putting James to bed Andrew had picked up the baby and when I came back into the living room and asked him what just happened, he responded with "I don't know, he's a kid, kids do weird things."

96. To which I responded but why your penis. He got extremely angry and said "What exactly do you think I did to him". I told him I think he may have had James touch him or vice versa.
97. He got really mad and was yelling "That's disgusting, I can't believe you would think that of me". He was still holding the baby so I again as softly as possible asked Andrew to give me the baby.
98. , he said "No I don't trust you, you're going to hurt him" I said softly no I'm just going to feed the baby, please pass me the baby.
99. At this point he handed me the baby. I asked him to sit down that we needed to figure this out or he wouldn't be able to stay here.
100. We sat in silence for a couple minutes and I said that we can get help and he said "What would you have me do, go to the doctor and tell them what you think of me. I might as well just kill myself."
101. I told him that there is help but he has to be honest with me about what's happened. At this point he screamed "DROP IT" and went and locked himself in his room for 15 minutes.
102. He came out, packed up some blankets and pillows and said he couldn't be here. I told him that we didn't have a phone right now (it was disconnected) and that I would make a payment if he could wait and just go to the store and report the payment as I was afraid of being home alone with both children with no phone and no vehicle, and if something happened I would have to load them both up just to get to a neighbours.
103. He agreed to wait, went to the store and came back and the phone was still not on at this point and was advised that it might take up to 24 hours for the phone to be reconnected. He left any ways and luckily the phone was back on within the hour.
104. I looked online for what the typical signs of preverbal sexual abuse were and realised that everything I had been seeing were symptoms of this and this is when I knew for sure something had been going on. I also read that because of the nature of how I became aware that he could not be interviewed.
105. I called the Children's Aid Society and reported what I had been seeing in James and the situation. I was told that someone from the local office would be calling me in a couple days.
106. I called my friend Tuula and she advised me to call the crisis line and that she would come over the next day. I called the crisis line looking for a childhood therapist specializing in preverbal communication, received some numbers for therapists in the area to call, and called the Salmo number which was closed.
107. I went to bed after James had fallen asleep and in his sleep he was still putting his feet on me and rubbing his bum into me. He woke up around 5 am from a bad

dream and I told him that I love him, that he's a beautiful person and that he's worthy of love and what has happened wasn't his fault and that I'm deeply, deeply sorry. He cuddled up to me and we fell back asleep.

108. Nov 22nd I called the Salmo therapist number, spoke to the receptionist, she advised she would speak to the therapist about the situation and call back. Also called the Nelson office and was advised that the therapist there could not see any children under 3 years old.
109. Andrew showed up around suppertime, just walked in and sat down at the table, James was in his high chair and wanted to go into the living room (still had food to eat). Andrew wanted to make me food and he knew I had to go to town the next day.
110. I told him I had made other arrangements and that until James sees someone I do not want him at the house. He wanted to know everyone I had talked to and called. I told him CAS and Salmo therapy. He asked to see the baby who was sleeping in the living room in his vibrating chair on the floor. He sat down on the floor next to him.
111. James had been carrying around a dead Ipod shuffle and cord for a couple days and bringing it to bed. James put the cord in Andrews shirt pocket, Andrew ignored him and James started throwing a tantrum, started screaming bloody murder.
112. I asked Andrew to leave because James was so upset (had not had a episode in days) He wanted to know when he could see the baby again, I told him I didn't know.
113. He then wanted the laptop and the hard drive but I couldn't locate them immediately and asked him to leave again as James was still screaming.
114. He said he would be by for his stuff and I told him not to come here unannounced. At this point he slammed the door extremely hard and left. James was still screaming and I called Tuula for support. The screaming continued for about 30 minutes and I couldn't get him to stop.
115. I went into the living room and James followed and he was still screaming and now he was holding his hand out like trying to get something but at the same time trying to pull his whole body away from it, I asked him what's wrong, and he kept screaming.
116. I asked him if he was trying to get something, he screamed no and continued to scream. I asked him are you trying to get away and he said yes and continued screaming.
117. I asked if he keeps seeing it and he said yes and stopped screaming and sat on the rocking chair beside me on the couch and started rocking. This was after 30 minutes of screaming bloody murder. I put him to bed shortly after and left the room.
118. I came to bed after he had fallen asleep and he smelt funny - it was in his hair and his hands and he woke up and I asked if he had been playing with himself and

he said yes and moved his foot to his crotch, as if to show me how. I told him to go back to sleep.

119. Nov 23rd I called Salmo therapy back and the woman at reception told me that kids do weird things and that she didn't have any information for me. I received a call from CAS and the lady said she would transfer me to the agent I spoke to (this was the Vancouver office not local) and the woman there was not the person I had spoken to on Monday and was reading off of a report that I had not made.
120. I told her that I had called on Monday and reported it and she told me that what I was saying was not in the report. I asked if this was the local office as I was supposed to be receiving a call today and she said no and that someone would be calling locally.
121. This woman told me that I was told to call the police, which I was not. I was told I "could" call the police but I knew that they could not interview James and the more people I talked to about this the less credible James's information was, which is why I started calling for therapists and not the police.
122. James that day pointed at the computer and said what sounded like "big cunt" and cackled. A little later outside he pointed to the Ipod and said cunt again and cackled.
123. The police showed up around 4:30 about a argument and I told them there hadn't been a argument in days but agreed to give a statement as James was napping.
124. I provided a statement on voice recording and the officer told me that family services would be calling me the next day.
125. That night I put James to bed and was feeding the baby and James kept touching my other breast so I asked if he wanted to try to eat, he said yes. He looked at it concerned so I squeezed a little milk out and he pointed at it and said piss. I put my breast away and he turned around and said "un, un" and pointed to his bum. I told him to go to sleep and he started to play with himself so I asked him not to do that and left the room so he would stop.
126. Nov 24th James was all over the place didn't want to listen, brought Ipod everywhere, didn't want to eat or nap. At bedtime he kept holding his penis with both hands and pushing his fingers up into his bum. When I asked him to stop, he just cackled at me so I left the room so he would stop.
127. Nov 25th After reading books James wanted his bum touched and I said no but that I can rub your back. He was fine with that for a bit then he got up and kept pointing to his mouth. He wouldn't stay laying down so I left the room again so that he would fall asleep.
128. Nov 28th I called legal aid for referral for a lawyer and was referred to a lawyer a few days later. I also called the Advocacy center and agreed to meet with them after speaking to the lawyer and having James examined by the doctor.

129. Nov 29th Brought kids into the doctor in Salmo, received a referral for a Pediatrician in trail.
130. Dec 5th Called Pediatricians office as they had not called me back. They wanted to book an appointment out 6 weeks and I had to beg to get an earlier appointment due to the nature of the appointment and got one for the 20th of December.
131. That night while putting James to bed he tried rubbing my shoulders and putting his fingers in my mouth. This was to convince me to stay in the room, I left before it got any worse.
132. Dec 7th James would not stop crying and go to sleep so I went into the room to join him and sleep myself. He kept licking his toys and putting things in his mouth.
133. When I tell him to go to sleep he tried rubbing my shoulders again, when I told him to stop he started pinching his nipples saying ouch and looking at me very oddly. So I left the room again and he went to sleep shortly after.
134. Dec 8th I spoke to the Kootenay family place online for help at home with the kids and was advised that I would be called back on the following Monday, which never happened.
135. Dec 9th James was crying in his room and I went in to console him. At first he was okay and just wanted me to hold his hand and then he started saying bum and pointing to it. I said no and he turned over and put his hand down his diaper in the back and tried to get me to smell it, when I said no he said hand and pointed to his penis. I said no, he then put his fingers in his mouth very far back. I told him to go to sleep and he took his stuffed animal and kept ramming its feet into and out of his mouth. I left the room and he got up and wanted water. I brought him back to bed and left again and got up and he turned on the big light and was still up at 10 playing with himself.
136. Dec 10th James couldn't sleep again and this time he was just laying there with a dead stare in his eyes not even blinking. I asked him if he wanted to talk because he was clearly disturbed. He said yes and then ~~held out his hand~~. I held my hand out and he started squeezing it and rubbing it up and down. *asked for my hand by saying "hand"*
137. I said I don't understand and he then took his other hand and made a open fist and made a jerking motion with it (moving it up and down). I said what and he took his other hand that had my hand and took my finger and rubbed it up and made a motion of something coming out of the end of it with the sound effect (pissst, pissst). He did this last part 3 times and I told him let's talk about it in the morning and to go to sleep.
138. I was too exhausted and disturbed to continue. I had to leave the room as he continued to either ask me to rub his bum or rub my shoulders.

139. Dec 13th First night James feel asleep without playing with himself. He took direction about not touching me and that I wouldn't touch him.
140. Dec 14th Laid with him in bed for 2 hours and no sleep, wanted me to touch him, said down, down and moved his hand in downward motion, tried to rub his feet on me and would not take correction and I had to leave the room so he would stop.
141. Dec 15th Spoke to Cathy Swanston and told her I called her office over a month ago. She told me does not speak to preverbals but said she wished someone had told her as she would have spoken to me anyways. She advised to continue to talk to James about the abuse when he brings it up or I notice behaviours.
142. Dec 20th Saw the doctor and was given a pamphlet for SKY (safe kids and youth program). I called them only to find out that they are victim services and this is a program within that organization. I have been speaking to Diana Gonzalez since the police took my statement, so they were aware of the situation and had nothing more they could do at this time.
143. Dec 24th I was on the phone and bouncing the baby on my shoulder sitting on the couch and James came up wanting attention and kept ramming his feet into my crotch.
144. Dec 25th Went out for dinner, back late 8ish and James was excited (had fun playing with remote control cars and neighbour kids). When I was putting him to sleep he was laying on his back thrusting his middle up over and over again, then pushing on the walls with his hands while doing this. He even put a stuffed animal on his lap. He continues to put all of his fingers in his mouth and rub his feet against me despite constant correction.
145. Dec 26th Contacted BACA, bikers against child abuse and spoke to a woman who said she would look into it for me.
146. Dec 27th Woman from BACA called back and advised she is looking for someone closer to me to take the call and will let me know as soon as they find someone.
147. At this point I am very concerned for the safety of my baby Ryan. It is more than clear to me that something has happened to James and it happened a lot.
148. Andrew is a known liar within the community with extensive debts, I heard him lie to his family and to his friends. Throughout our relationship most of our arguments were over the fact that he was incapable of being present for James and constantly neglected his needs. I have made a grave mistake letting a person like this into my life and do not make that little baby pay for my mistake. It took me over a year and a half to see the truth in the lies. I have been paying all the bills in the house, I prepared everything alone for the baby, the only reason he started buying food for the house is because I explained to him that he was eating me out of house and home and taking food off of my son's plate. He only gave me money for bills after

THIS IS EXHIBIT " B " TO THE
AFFIDAVIT OF Ashley Smith affid Aug 10, 2018
SWORN BEFORE ME ON Nov 19, 2018


A COMMISSIONER ETC

Jane Scharf
Licensed Paralegal
#P06406

Jane Scharf
Licensed Paralegal

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AFFIDAVIT



Court File Number: 3339
Court Location: Nelson
F.M.E.P. No:

In the Provincial Court of British Columbia

IN THE CASE BETWEEN:

ANDREW CROFTON ENGLISH

APPLICANT

AND

ASHLEY JEAN SMITH

RESPONDENT

I, Ashley Jean Smith homemaker of Nelson, British Columbia, affirm that:

1. I do not contest this statement.
2. Mr. English began staying with us off and on starting June of 2015 until November of 2016 as outlined in my original affidavit.
3. From what I know to be true both children have been abused by Mr. English. Please see the affidavit on file from Carmen Carter, a woman with extensive knowledge of child trauma specifically sexual abuse who has served as a witness on the Supreme Court of Canada. I have also included a letter from Cathy Swanston who is a sexual abuse play therapist. Also letters from the couple I stayed with for a week in Thunder Bay who witnessed odd behaviour from James. As well as a cross section of my daily notes showing the changes in David's behaviour which mirrors what I witnessed and went through with James. For reference is the Ministry's handbook on child abuse and neglect as well as documentation from the reading list on the Vancouver Children's Hospital website. See Exhibits A
4. I left to keep my children safe and get help for my children, no one would do anything about what had happened, I was in a small town without transportation and no therapist could see James until he was three. It was made clear to me that Nathan and Laura would not be supervising the visits. See affidavit on file made in April of 2017 as well as letter from the therapist I was seeing in Marathon and the wait list James was on. Also included intake from transition home that Mr. English and his aunt Dorothy allege that I was living in a drug house. See Exhibit B

5. I do not contest this statement.
6. Mr. English told me early on while confronting him about James behaviour that James may have seen him watching pornography while in the bed with James, this he denies saying to the police and ministry.
7. Dr. Loukras saw David around 2 months of age and then once early in our arrival back, around 6 months. Nelson Police have an active investigation. I have included the notes from the visits with the infant development professional as well as a speech therapist. Also a letter from the Nelson Police indicating the ongoing investigation. See Exhibit C, page 22.
8. I do not have untreated mental health issues, I have been evaluated by multiple professionals and am working actively on getting help for Complex Post Traumatic Stress Disorder which is only made worse when my children are going through so much and the constant abuse I suffer from Mr. English, his family and these on going issues. See Exhibit D for letters from multiple help professionals our family is currently seeing.
9. There are 2 specific episodes that I know of that Mr. English was not supervised. One was as he walked past me outside my son's daycare only 10 minutes after picking him up with a supervisor. See Exhibit E for video. Also Mr. English dropped David off at my partners work without a supervisor, see Exhibit A page 16.
10. They have not scheduled the hearing and served me with constant interim orders. I have been asking for a hearing and am unable to obtain council. I have spoken to the Judicial Case Manager and due to the length of time the parties agreed on for trial (5 days) she is unable to provide times available but will be able to schedule on the 16th of August if both parties are present.
11. The 211 took time due to the ongoing investigations into David's health and well being. See Exhibit C pages 1 - 20
12. I do not contest this statement.
13. On July 26th Mr. English had time with David, on pickup David was once again despondent and not making eye contact, and otherwise upset, when we got home I attempted to bath him and he screamed excessively, we went to bed, all night long he woke up screaming and pulling at his penis saying hurt, hurt. In the morning I examined him to find that there were 3 rips or heavily abraded areas in his foreskin and immediately took him to the hospital. Where the doctor advised there was no way he could do that to himself or that it would happen sporadically. I chose to keep David home due to his injuries and that things are just getting worse and worse. See Exhibit F for doctors report.
14. David was completely stuffed up and it's common for me to get David back either sick or sicker than he left, some times with coughs and once even heat stroke. Even sick

kids need time outside to get better and he was getting much better come the 15th. See Exhibit G for various health records

15. David very regularly runs away when its time for visits, or screams, hides, says "no, no, no" and "away, go away" while waving. He has been getting more and more angry at me for taking him to the visits and even sometimes resorts to hitting me as I place him into Dorothy's truck.
16. Its not uncommon when David is home for him to grab his penis and say hurt, followed by "da-da, da-da" and screaming.
17. Once when David was grabbing his penis and saying "da-da, da-da", I told him he could tell him to go away. I can only suspect this is why he does this when in their care as he does not do this at home. I suspect he was scarred of being exposed as he is now hesitant even here to be bathed, changed diaper and clothed which is common for children being abused.
18. I cannot speak to this statement but am not clear why my child was not seen at the hospital if there were concerns immediately.
19. Mr. English has shown himself to me to be a pathological liar who twists and contorts the truth to fit his narrative, this statement I suspect is the same.
20. From this statement it is clear to me that they taught him to say that mama hurt his cheek, why put words in the child's mouth if not looking for a specific response.
21. On Sunday. See Exhibit H for medical records from July 22nd, 2018
22. Mr. English claims David clung to him the entire time, yet the report clearly states that David was mostly happy and running around the room. I also have the video from that exchange where Andrew asks about the bruise, accusing me of hurting David yet leaves out the information about the bruise around his testicles.
23. The bruise happened at Lions Park on the play equipment the Thursday before they picked him up.
24. Once again Mr. English accused me of hurting David and accosted me about his haircut, exaggerating the amount of times his hair was cut, which he had done on text that weekend and then used his lawyer to bring up in letter. I do not get angry or take retaliatory action, I have done nothing but document what is happening as its happening and seek as much help as possible with the situation. I am not angry I am frustrated that I have been forced to continue to defend myself and suffer constant abuse from Mr. English's lies and the actions he has taken against me and my family. See Exhibit I for the letter from Janet Connolly July 24th, 2018.

25. Keeping David due to concerns for his well being as well as the ongoing police investigation. How is a photograph any evidence of a visit being supervised in its entirety? As explained earlier it is common for the supervisors to be present on pick up and drop off and I have proof of their lack of presence otherwise on 2 different occasions.
26. I cannot speak to this statement.
27. Please see following statement with exhibit.
28. I reported a physical injury to a child earlier that day, to which Officer Duncan attended the hospital and spoke to the doctor, yet still felt the need to come to my house to check on my children. I do not know under who's authority he made that decision or who ordered it but I have submitted a complaint on the matter.
29. I at no time said anyone was on Mr. English's payroll. I have included my report to the office of the police commissioner. The RCMP officer I spoke with advised me that he did not tell Officer Duncan that I said he was on anyone's payroll and confirmed this with me when I spoke to him Saturday morning, I have submitted Freedom of Information Act forms for these conversations and have yet to receive them. See Exhibit J for my formal complaint
30. I do not contest this statement.
31. I do not contest this statement. I felt then and still do now that David is in danger in Mr. English's care.

I was not provided a copy of any order for this date and the email address on the affidavit of personal service is incorrect. See Exhibit K


I do not believe the current supervisors are safe as they have verbally assaulted me in front of my child as well as provided misinformation to the Ministry, the Police and on court documents. They are only looking out for Mr. English and not David. I have video evidence of Laura confronting me in an aggressive manner, all completely uncalled for, Mr. English screaming at me from behind as I walk away with my son that I "look like a fucking psycho". Mr. English and his aunt held David in a truck until I told them where I lived, forcing me to call the police. There has been incident after incident, no one can live safely or happily under these conditions.

Sworn before me
at Nelson British Columbia
on August 10, 2018



SARAH PALIK
Justice of the Peace in and for
The Province of British Columbia

Signature


Ashley Smith

Supporting families, youth & individuals

Cathy Swanston
Child and Youth Counsellor, NCS

July 30, 2018

Re: James Smith, eldest son of Ashley Smith, born September 20, 2014

I am writing at the request of Ashley Smith, mother of James. I worked with James at the request of both Ashley Smith and James's previous Play Therapist, Carmen Carter, under the NCS contract for the Sexual Abuse Intervention Program, over the period October 2017 – June 2018.

Ashley's concerns about possible previous sexual abuse were credible given the behaviours she described, which are consistent with the behaviours of a child who has experienced abuse. My role is not investigative, but involves supporting a child to move forward with as safe and healthy boundaries as possible. During the time I was involved, therapeutic goals for James were related to supporting James in identifying and verbally expressing feelings, making sense of his experiences, and reinforcing both safe and healthy boundaries and his felt sense of safety. Based upon my involvement, I am unable to speak to proof of wrong doing by any party, but can authentically share the determination of Ashley to act in the best interests of James and to support his healthy development.

Regards,



Cathy Swanston
Child and Youth Counsellor, Nelson Community Services
#201-518 Lake Street, Nelson
250-352-3504 ext. 224
Office hours text: 250-551-9125
cswanston@servicesfyi.ca

Nelson Community Services

Main Office
#201-518 Lake Street
Nelson, BC V1L 4C6
Ph | 250.352.3504
Fax | 250.352.3750

Cicada Place

Youth Services & Housing
605 Lake Street
Nelson, BC V1L 4C7
Ph | 250.352.3504
Fax | 250.352.9907

Aimee Beaulieu Transition House

Ph | 250.354.4357
Fax | 250.354.4977

servicesfyi.ca

This is Exhibit "A" referred to in the
affidavit of Ashley Smith letter of reference
sworn before me this 10 day of August 2018
at Nelson, British Columbia


A Commissioner for taking
Affidavits for British Columbia

Marjorie Houe

From: Ashley Smith <anonymous.enigma@hotmail.ca>
Sent: March-28-17 10:51 PM
To: marjoriehouse@shaw.ca
Subject: please print letter, need to print screen

From: Malachy Korpi <malaverse@gmail.com>
Sent: March 28, 2017 10:33 PM
To: Ashley Smith; ashley.jean.smith@gmail.com
Subject:

To whom it may concern,

My name is Malachy Korpi and I am a friend of Ashley Jean Smith, I have known her for 7 years.

During Ashley stay in Thunder Bay I witnessed the following concerning behavior of her son James Smith:

While Ashley was putting her baby David Ryan Smith to sleep I helped her by putting James Smith to bed. He would panic if the door was ever shut, he wouldn't settle down, and he wanted a lot of physical contact.

While reading to him he removed his blankets, lay face down, and raise his bum. When I saw this happen the first time I wanted to cry because being a father of 2 I have NEVER seen anything like this. It was shocking to me, my heart sank, and at this point I became certain Ashley's claims had not been exaggerated.

It was very difficult to witness, and I can only imagine how Ashley has been dealing with this.

I stood up and told James "we don't do that James" and tried putting his blanket back on him. This made him cry even more and he motioned his hand for me to touch his bum. I put the blankets back on him and he got settled down.

In general James was extremely quiet and spoke very few words. Even when engaged in conversation and he was obviously aware and responsive but he did not speak, which seemed strange from what I have experienced with my own children at the same age.

I believe the best place for both of the children is with their mother. Having known Ashley for 7 years I am totally confident in her ability to raise her children, I know she has support here, and the children need stability and love in order to heal.

I believe Ashley's actions have been completely justified due to the threat to her sons.

Her bravery and strength throughout this ordeal should be commended.

Marjorie Houe

From: Ashley Smith <anonymous.enigma@hotmail.ca>
ent: March-28-17 10:49 PM
To: marjoriehouse@shaw.ca
Subject: please print letter, need to print screen

From: Hanna Laaksonen <laaksonen.hanna@gmail.com>
Sent: March 28, 2017 10:30 PM
To: anonymous.enigma@hotmail.ca
Subject: Fwd: Re Ashley Smith

----- Forwarded message -----

From: "Hanna Laaksonen" <laaksonen.hanna@gmail.com>
Date: Mar 28, 2017 7:52 AM
Subject: Re Ashley Smith
To: <ascott@cupellolaw.com>
Cc:

Mr Scott,

My name is Hanna Laaksonen Korpi and I am a friend of Ashley Jean Smith.

What I know of why Ashley is being brought to court I know only through her. I have never had any contact with the father of her baby (David) Ryan Smith.

When Ashley and her sons arrived in Thunder Bay, she was not the same woman she had been before moving to BC. She is calmer, more collected and carries herself with a great deal of purpose. She's a mother. An excellent one at that.

No parent or caregiver would undertake a journey as they did without great cause. Leaving behind the life they had built to travel several days by bus with a toddler and newborn would only be considered in the most dire of needs.

She felt the wellbeing of her family was threatened. And she did everything in her power to protect them. She went to her local law enforcement and when they could not help her, she fled the threat.

I have always known Ashley to march to the beat of her own drum. But I have never known her to be reckless. She has never given me any reason to doubt her, and I believe that her perceived threat is in fact very real.

I have witnessed not only her excellent care and devotion to her sons, but also some unusual behaviour exhibited by James.

At bedtime, he would cry out almost panicked and when he was read to or sang to and started to settle down, he would pull off his blankets, lie on his front and raise his rear end, getting very agitated.

I cannot say with any certainty what James has experienced, but I absolutely believe it deserves to be investigated, One, for his family to move on. But secondly for any threats to be removed for everyone's sake.

Ashley has a great deal of support and is thoroughly capable of caring for both of her children as a sole guardian. James and Ryan are with a mother who loves and cares for them. She offers stability, consistency, and safety. I urge anyone involved in this to please not disrupt this family while all matters are being investigated.

My husband Malachy and I are available to be of any assistance

Hanna Korpi

(807)476-5347

laaksonen.hanna@gmail.com



- James putting fingers in his
- James too down throat
- James
- inst time support only and me ex Hing up deels group
- James Dec 11th
- over speech returning Nov 30
- James
- Class issues back

5
May 27

James woke up chacking, spit
started crying.
(trauma?)

mother's day
visit 12-2

Ryan returned unresponsive
pathologic would not wake
Joanna & I tried sitting him
up, talking to him, cold cloth
on face.
we zipped checked diaper
Dark thick hair on
outside of diaper, inside
inside (was not changed)
checked Bum
anus dilated multiple
times, Ryan woke up
crying, comforted &
fed Ryan threw up
3 times alot

took to emerge 4:15

Ryan didn't sleep till
6:30 after feeding 4 times

May 29th

James no nap
and fine this week.

Very tired.

sticking hand down back
of diaper & smelling it is
in weird lock on face
woke up in nightmare
crying

went back to sleep

Ryan's really bad gas is
back since couple days
after mother's day went
let up - no changes to diet

lost 2 time of visits super
dispendent - checked out
not like his regular self
picked up tobbie at 7
and he was crying alot
very hard to calm as
he was very worked up.
is hysterics
exhausted wanted mom + back

100 223 6494

1900 828 9198

July 13th 7:30

Get Ryan home
despondent on pick up
all over the place at
home, was rubbing and
making noise in the
carrier, never done

bum very red, scratch
on upper thigh and
humping the carpet

Ryan is screaming a lot
as well

250 352 7200

July 29th Hot day
1-5

Ryan returned in swim
diaper. Very Very hot,

Slept as soon as home,
heating up bad, cold bath,
lots of cold cloths,
skin on skin, still very
warm to touch. Very
Red in the face. lots of
gas. very wobbly

~~He~~ definitely heat stroke

gave lots of fluids
cooled down, skin on
skin.

Oct 29, Sun 2006

Andrew refused to

give me Ryan until

I told him where I

lived, Ryan was screaming

in the truck while Andrew

and his Aunt Dorothy

Accosted me for ^{Interference}

I called the police

Put hand on door in his

hand and he said

it was assault, ^{called} police

as conversation was

going nowhere and

dealing ^{emergencies}

Repair is distress

Happy to be home

Not as bad as

weekends before

Mon 7:00 another
drive up with sister

They did not stay for
days night,

Ryan was completely
checked out, he not
responding to me
seemed drunk

all over place of

home,

crying & coughing/chooking

fracked over diaper

change.

falling all over

seemed drunk

didn't want food for

hours

In really rough shape,

totally insecure

and awkward

had me & Dave
emphasizing head life &
hard. It's trying & rip'ing
at sows. Very very
tear & pinching me.
and putting mouth to
my crotch area as
well as trying to
touch there while
is read feeding.

Dec. 24/17 - Evening.

While holding Ryan, he keeps
turning my face left or right
w/ his hands & trying to open-
mouth kiss me on my mouth.

He also kept throwing himself
backwards, out of my arms but
would cry if I put him down.

When he was finally asleep & I
put him down in bed, he reached
out and leaned up & made a
squeaking noise (while still asleep)

-David

Jan. 7/18 5:00 pm

Ryan was dropped off early with
his diaper as full of pee & poop as
humanly possible.

-David

Jan. 8/18 morning

Andrew called Ashley from an
unknown number to cancel the
visit for today. He didn't ask to
reschedule.

-David

Jan 14/18 evening

Andrew cancelled tomorrow's
visit & did not ask to reschedule.

Also, Ryan now points at Ashley's
crotch when he wants the boob, not
at her breast.

-David

~~4:30~~ ~~over~~ ~~of~~ ~~early~~

Jan 15 Cancelled did
not want to reschedule

head & drove away.
-David

Jan. 23/18 9:56 pm

It took just under 3 hours for Ryan to fall asleep. He was all over the place, took him for a 15-20 min walk outside. When back inside he didn't want to be held or rocked but, when let down, would smash his head on the walls or floor. He didn't smile. He'd scream for food but then just throw it on the floor. He'd cry for boob but then pull off & point at me (but wouldn't want to be picked up. He finally lay on the floor for 10-15 min) while I sang to him then he wanted boob again and finally passed out,
-David

Sat Jan. 27/18 @ 4:03 pm

Andrew's mom circled our car & sat in her car a few times then drove off.
-David

Feb. 1/18 @ 9:00 pm

Ryan was rubbing his foot on Ashley's boob. Then, while changing him, Ryan started gasping & screaming when she wiped him. His anus is bright red.

-David

Feb. 4/18 @ 6:12 pm

Ryan came back from the weekend & is trying to open-mouth kiss Ashley

-David

Feb. 11/18 @ 3:53 pm

Andrew dropped off Ryan an hour early (at my work). He showed up with Ryan alone. We waited about 1.5-2 minutes for Julia to show up. Ryan is sick & Andrew dropped him off with a full sick poop diaper

-David

Feb. 11/18 @ 7:00 pm

Ryan didn't want Ashley's hands on him when she was bathing him. He

→

and holding his feet above his head with his hands while being changed. His anus is really red & his legs are very bruised (as well as his head). He is completely restless on the boob. (Pictures & video taken)
-David

March 27/18 - 12:30 am
Ryan has woken up 4 or 5 times already. He is super scared and really gassy.
-David

March 29/18 - 5:00 pm
Laura verbally attacked Ashley for about 20 mins ~~in front of the library~~ beside pizza place, ^{near Peter} across.
-David

April 1/18 - 5:21 pm
~~Ryan~~ is neurotic about his feet again. He has to chew hard on things when being changed. He has bruises on his legs & buttocks and his teeth are yellow/stained (pictures taken). He vigorously humps Ashley when breast feeding (video taken).
-David

April 11/18 - 9:34 pm
Ryan is choking in his sleep & is terrified.
-David

April 4/18 - 9:16 pm
Ryan is very forceful with his feet. He rubs them on Ashley's crotch when breast feeding & after he tried to put them down the front of her pants.
-David

April 5/18 - 8:10 pm
Ryan is hiding to poop. He has also said "backpack" & "tape".
-David

April 9/18 - 12:11 pm
After being gone only one night, Ryan came back much better than he usually does. Doreth alone, picked him up & dropped him off. Ryan says "meow" & "woof" when asked what kitties and dogsies say.
-David

May 14/18 - 8:32 pm

Ryan is crying excessively, after bath, to put ~~some~~ clothes on.
-David

May 14/18 - 8:48 pm

Ryan is throwing fits over every little thing. A week of progress has been undone by a 2 hour visit.
-David

P.s. he's also been gasping since he has been home.

May 15/18 - 2:35 am

Ryan woke up & started smashing his head into the wall
David

May 15/18 - 11:27 am

Ryan freaks out for diaper changes, doesn't want his clothes taken off. He also screams over anything.
David

May 17/18 - 5:03 pm

Ryan screamed all the way on the bus. Andrew laughed at him.
-David

May 20/18 - 5:04 pm

Ryan is unresponsive. Won't talk, won't smile, won't make eye contact, doesn't want to walk by himself. When asked if he wanted back, he pointed to Ashley's cotch.
-David

May 20/18 - 9:51 pm

Ryan is waking up randomly, screaming bloody murder & unaware where he is.
-David

May 21/18 - 1:29 am

Ryan is grinding his teeth like crazy in his sleep.
-David

May 21/18 - 10:31 am

All Ryan has done this morning is scream, pound his head on the floor & hit James.
-David

May 24/18 - 3:07 pm

Ryan has been upset all day and refuses to sleep.
-David

The B.C. Handbook for Action on Child Abuse and Neglect

For Service Providers

JUNE 2017



POSSIBLE INDICATORS OF PHYSICAL ABUSE

Physical Indicators:

- » Any injury to an infant who is not yet mobile, especially head/facial injuries;
- » Injuries to a toddler or older child for which there is no explanation, the explanation does not fit with the injuries, or the story keeps changing;
- » Injuries at different stages of healing;
- » Injuries that have a pattern or look like they may have been caused by an object (e.g., hand, stick, buckle, stove element); or
- » Bruising in unusual places such as ears, trunk, neck or buttocks.

Behavioural Indicators:

- » Afraid or reluctant to go home, or runs away;
- » Shows unusual aggression, rages or tantrums;
- » Flinches when touched;
- » Has changes in school performance and attendance;
- » Withdraws from family, friends and activities previously enjoyed;
- » Poor self-esteem (e.g., describes self as bad, feels punishment is deserved, is very withdrawn); or
- » Suicidal thoughts or self-destructive behaviour (e.g., self-mutilation, suicide attempt, extreme risk-taking behaviour).

POSSIBLE INDICATORS OF SEXUAL ABUSE (SEE CONTINUED)

Physical Indicators:

- » Unexplained or persistent pain, bleeding or unusual discharge in the genital or anal area;
- » Pregnancy; or
- » Sexually transmitted diseases.

Behavioural Indicators:

- » Engages in age-inappropriate sexual play or exhibits age-inappropriate sexual knowledge (e.g., through drawing or play);
- » Forces or coerces another child to engage in sexual play;
- » Inserts objects into vagina or rectum;
- » Directs sexually intrusive behaviour to adults;
- » Has unexplained gifts, new clothes or money;
- » Has changes in school performance and attendance;
- » Is secretive about "new" friends, activities, phone calls or Internet use;
- » Has unexplained developmental setbacks (e.g., was toilet trained but reverts back);
- » Is involved in sexually exploitive activities, such as performing sex acts for money;

POSSIBLE INDICATORS OF SEXUAL ABUSE (CONTINUED)

- » Is involved in behaviours such as misuse of drugs or alcohol, stealing, fire-setting; or
- » Flinches when touched.

POSSIBLE INDICATORS OF EMOTIONAL HARM**Physical Indicators:**

- » Bed wetting and/or frequent diarrhea; or
- » Frequent psychosomatic complaints, headaches, nausea, abdominal pains

Behavioural Indicators:

- » Mental or emotional development lags;
- » Isolated and has no friends or complains of social isolation;
- » Behaviours inappropriate for age
- » Fear of failure, overly high standards, reluctant to play;
- » Fears consequences of actions, often leading to lying;
- » Extreme withdrawal or aggressiveness, mood swings;
- » Overly compliant, too well-mannered;
- » Excessive neatness and cleanliness;
- » Extreme attention-seeking behaviours;
- » Poor peer relationships;
- » Severe depression, may be suicidal;
- » Runaway attempts;
- » Violence is a subject for art or writing;
- » Forbidden contact with other children;
- » Shows little anxiety towards strangers; or
- » Unusual severe anxiety or worries.

POSSIBLE INDICATORS OF NEGLECT (SEE CONTINUED)**Physical Indicators:**

- » Injuries where medical care has been unusually delayed or avoided;
- » Injuries resulting from a lack of supervision;
- » Medical or dental needs that are consistently unattended to;
- » "Failure to thrive" in a child where no medical reason has been found (see table below for further information on failure to thrive);
- » Clothing consistently inadequate for weather conditions;
- » Persistent hunger;
- » Poor or inadequate nutrition; or
- » Poor personal hygiene.

Websites:

- www.abilityonline.org/
An online community for individuals with disabilities/chronic illness offering support in all aspects of life. A Canadian resource with a separate section for parents and professionals
- www.bccpd.bc.ca/health.htm
Provides educational materials regarding HIV/AIDS
- www.bcwomens.ca/HealthTopics/YourBody/teenhealth/default.htm
A resource collection about young women's health issues, such as teen pregnancy and sexuality
- www.howitis.org.uk/
A collection of images that can be useful for children in expressing their feelings, rights and safety, personal care and sexuality.
- www.kidshealth.org/teen/sexual_health/
Addresses common questions about sexual health, puberty, STI's and birth control
- www.optionsforsexualhealth.org/
Sexual health services and support in BC
- www.planetahead.ca/
Online resource for teens on sexuality, relationships, STI's, pregnancy, contraceptives, and reducing physical, mental and emotional risks
- www.rainn.org
Resource on preventing sexual violence and abuse
- www.scarleteen.com/
Information on sex and sexual relationships for teens and individuals in their 20's
- www.sexualhealth.com/disabilities-chronic-conditions/
Q&A with experts on sexuality and disabilities and chronic conditions
- www.sexualityandu.ca/
A great resource on sexual health, birth control, and STIs
- www.spinabifidaassociation.org
General information on spinal bifida



Child Sexual Abuse

When a perpetrator intentionally harms a minor physically, psychologically, sexually, or by acts of neglect, the crime is known as child abuse. This page focuses specifically on child sexual abuse and the warning signs that this crime may be occurring.

What is child sexual abuse?

Child sexual abuse is a form of child abuse that includes sexual activity with a minor. A child cannot consent to any form of sexual activity, period. When a perpetrator engages with a child this way, they are committing a crime that can have lasting effects on the victim for years. Child sexual abuse does not need to include physical contact between a perpetrator and a child. Some forms of child sexual abuse include:

- Exhibitionism, or exposing oneself to a minor
- Fondling
- Intercourse
- Masturbation in the presence of a minor or forcing the minor to masturbate
- Obscene phone calls, text messages, or digital interaction
- Producing, owning, or sharing pornographic images or movies of children
- Sex of any kind with a minor, including vaginal, oral, or anal
- Sex trafficking
- Any other sexual conduct that is harmful to a child's mental, emotional, or physical welfare

What do perpetrators of child sexual abuse look like?

The majority of perpetrators are someone the child or family knows. **As many as 93 percent of victims under the age of 18 know the abuser.** A perpetrator does not have to be an adult to harm a child. They can have any relationship to the child including an older sibling or playmate, family member, a teacher, a coach or instructor, a caretaker, or the parent of another child. According to **1 in 6**, "[Child] sexual abuse is the result of abusive behavior that takes advantage of a child's vulnerability and is in no way related to the sexual orientation of the abusive person."

Abusers can manipulate victims to stay quiet about the sexual abuse using a number of different tactics. Often an abuser will use their position of power over the victim to coerce or intimidate the child. They might tell the child that the activity is normal or that they enjoyed it. An abuser may make threats if the child refuses to participate or plans to tell another adult. Child sexual abuse is not only a physical violation; it is a violation of trust and/or authority.

How can I protect my child from sexual abuse?

A big part of protecting your child is about creating a dialogue. Read more to learn about creating this dialogue and keeping your child safe.

- **Talk to Your Child if You Suspect Sexual Abuse**
- **Protecting Children from Sexual Abuse**

What are the warning signs?

Child sexual abuse isn't always easy to spot. The perpetrator could be someone you've known a long time or trust, which may make it even harder to notice. Consider the following warning signs:

Physical signs:

- Bleeding, bruises, or swelling in genital area
- Bloody, torn, or stained underclothes
- Difficulty walking or sitting

- Frequent urinary or yeast infections
- Pain, itching, or burning in genital area

Behavioral signs:

- Changes in hygiene, such as refusing to bathe or bathing excessively
- Develops phobias
- Exhibits signs of **depression** or **post-traumatic stress disorder**
- Expresses suicidal thoughts, especially in adolescents
- Has trouble in school, such as absences or drops in grades
- Inappropriate sexual knowledge or behaviors
- Nightmares or bed-wetting
- Overly protective and concerned for siblings, or assumes a caretaker role
- Returns to regressive behaviors, such as thumb sucking
- Runs away from home or school
- **Self-harms**
- Shrinks away or seems threatened by physical contact

Where can I get help?

- If you want to talk to someone anonymously, call the National Child Abuse Hotline at 800.4.A.CHILD (422-4453), any time 24/7.
- Learn more about being an **adult survivor of childhood sexual abuse**.
- To speak with someone who is trained to help, call the National Sexual Assault Hotline at 800.656.HOPE (4673) or chat online at **online.rainn.org**.

Related Content

**If You
Suspect A
Child Is
Being Harmed**

If you are concerned that a child is a victim of abuse, you may not be sure what to do or how to respond.

[READ MORE](#)

**Help for
Parents of
Children
Who Have
Been
Sexually
Abused by
Family Members**

It's important to find a way to manage your feelings, so you can focus on creating a safe environment for your child that is free from harm, judgment, and blame.

[READ MORE](#)

**Talking to
Your Kids
About
Sexual Assault**

Conversations about sexual assault can be a part of the safety conversations you're already having, like knowing when to speak up, how to take care of friends, and listening to your gut.

[READ MORE](#)

Find help and the resources you need. Call 800.656.4673



Warning Signs for Young Children

Every 8 minutes, government authorities respond to another report of child sexual abuse.¹ **Child sexual abuse** can include sexual contact with a child, but it may also include other actions, like exposing oneself, sharing obscene images, or taking inappropriate photos or videos of a child. These crimes can have a serious impact on the life and development of a child, and can continue to impact the survivor later in life. Learning the warning signs of child sexual abuse is often the first step to protecting a child that is in danger. If you can spot sexual abuse, **you can stop it.**

Signs that a child may have been sexually abused

It's not always easy to spot sexual abuse because perpetrators often take steps to hide their actions. Some signs are easier to spot than others. For instance, some warning signs might be noticed by a caretaker or parent, and are often red flags that the child needs medical attention. Listen to your instincts. If you notice something that isn't right or someone is making you uncomfortable—even if you can't put your finger on why—it's important to **talk to the child.**

Physical warning signs:

- **Sexually transmitted infections (STIs)**
- Signs of trauma to the genital area, such as unexplained bleeding, bruising, or blood on the sheets

Behavioral signs:

- Sexual behavior that is inappropriate for the child's age
- Bedwetting or soiling the bed, if the child has already outgrown these behaviors
- Not wanting to be left alone with certain people or being afraid to be away from primary caregivers, especially if this is a new behavior
- Tries to avoid removing clothing to change or bathe

Emotional signs:

- Excessive talk about or knowledge of sexual topics
- Resuming behaviors that they had grown out of, such as thumbsucking
- Nightmares or fear of being alone at night
- Excessive worry or fearfulness

Signs that an adult may be hurting a child

Keeping children safe can be challenging since many perpetrators who sexually abuse children are in positions of trust—93 percent of child sexual assault victims know the perpetrator.² Keeping a child away from the perpetrator may mean major changes in your own life, even if you are outside of the child's family.

Be cautious of an adult who spend time with children and exhibits the following behaviors:

- Does not respect boundaries or listen when someone tells them "no"
- Engages in touching that a child or child's parents/guardians have indicated is unwanted
- Tries to be a child's friend rather than filling an adult role in the child's life
- Does not seem to have age-appropriate relationships
- Talks with children about their personal problems or relationships
- Spends time alone with children outside of their role in the child's life or makes up excuses to be alone with the child
- Expresses unusual interest in child's sexual development, such as commenting on sexual characteristics or sexualizing normal behaviors
- Gives a child gifts without occasion or reason
- Spends a lot of time with your child or another child you know

Taking action isn't easy, but it's important

It's not always easy to identify child sexual abuse—and it can be even more challenging to step in if you suspect something isn't right. If a child tells you that someone makes them uncomfortable, even if they can't tell you anything specific, listen. Talk to someone who can help you figure out if this is something that must be reported, such as a staff member from your **local sexual assault service provider**. In the meantime, if you are the parent or have influence over the child's schedule, avoid putting the child in a potentially unsafe situation.

Remember, you are not alone. If you suspect sexual abuse you can talk to someone who is trained to help. Call the National Sexual Assault Hotline at 800.656.HOPE (4673) or chat online at **online.rainn.org**.

¹ United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. *Child Maltreatment Survey*, 2012. 2013.

² U.S. Bureau of Justice Statistics. *2000 Sexual Assault of Young Children as Reported to Law Enforcement*. 2000.

Related Content

If You Suspect A Child Is Being Harmed

If you are concerned that a child is a victim of abuse, you may not be

How Can I Protect My Child From Sexual Assault?

There is no foolproof way to protect children from sexual abuse, but there are

Child Sexual Abuse

When a perpetrator intentionally harms a minor physically, psychologically, sexually, or by

sure what to
do or how
to respond.

[READ MORE](#)

steps you can
take to reduce
this risk.

[READ MORE](#)

acts of
neglect, the
crime is
known as
child abuse.

[READ MORE](#)

Find help and the resources you need. Call 800.656.4673



NORTH OF
SUPERIOR
COUNSELLING PROGRAMS

Programmes de Counselling
Nord du Supérieur

info@nosp.on.ca
www.nosp.on.ca

16 Front St., P.O. Box 670
Nipigon, ON P0T 2J0

T: 1-877-895-NOSP (6677)

Geraldton
P.O. Box 1089
423 Main St. Unit 3
Geraldton, ON P0T 1M0

Longlac
P.O. Box 610
121 Forestry Rd.
Longlac, ON P0T 2A0

Nipigon
P.O. Box 670
16 Front St.
Nipigon, ON P0T 2J0

Manitouwadge
P.O. Box 207
1 Health Care Cres.
Manitouwadge, ON P0T 2C0

Marathon
P.O. Box 849
51 Peninsula Rd.
Marathon, ON P0T 2E0

Armstrong
P.O. Box 362
111 Queen St.
Armstrong, ON P0T 1A0

Terrace Bay
P.O. Box 309
9 Selkirk Ave.
Terrace Bay, ON P0T 2W0

Community Wellness Programs for
Individuals & Families since 1983

Programmes de bien-être
communautaire pour individus et
familles depuis 1983

**Healthy People
Resilient Families
Vibrant Communities**

This is Exhibit " ¹³ " referred to in the
affidavit of Ashley Smith ^{Marathon} ^{documental}
sworn before me this 10 day of August 2018
at Nelson, British Columbia


A Commissioner for taking
Affidavits for British Columbia

March 28, 2017

**RE: SMITH, Ashley
DOB: 26 April 1985**

To Whom It May Concern:

This letter is written at client's request.

Ashley Smith initiated counselling services with North of Superior Counselling Programs self-referring on February 1, 2017.

She attended an intake meeting with this worker on February 10, 2017.

Ashley attended counselling sessions at NOSP on February 24, 2017 and March 14, 2017. Ashley has another appointment scheduled for April 4, 2017 to continue her counselling with this worker.

Ashley's son "James Smith" (DOB 20 Sept 2014) was also referred by Ashley for counselling at North of Superior Counselling Programs on February 1, 2017. An intake was done by Children's Worker Lisa MacKenzie at NOSP on February 1, 2017 and James was put on a wait list for children's services February 8, 2017. James was assigned to NOSP Children's Worker Kathryn Crichton on March 16, 2017 who will be contacting for service the next few weeks.

Sincerely,



Diane Dubois RN BScN NOSP Counsellor





Psychiatric Assessment/ Mental Health Counselling Referral

First Name: Ashley Last Name: Smith
 DOB: 26 04 1985 Age: 30 Gender: Female
 DD MM YYY

Marital Status:

Single ☒ Common-law ☐ Divorced ☐ Widowed ☐ Married ☐ Separated ☐

HC #: _____ Version Code _____ Expiry Date: _____

Street Address: 69 Jackson Cr. Box #: 869

Town: Marathon Home Phone #: 229-2223 May leave message: Y ☒ N ☐
 (807)

Cell Phone #: 355-7305 Work Phone: _____

Contact at Home? Yes ☒ No ☐ Preferred Language: English ☒ French ☐

PHYSICIAN / HEALTH CARE PROVIDER: _____ None: ☐

REFERRED BY: Marjorie House REFERRAL DATE: Feb 01/17

PHONE #: 229-2223 EXT: _____ FAX #: 229-2282

Is client at risk of self-harm? Y ☐ N ☒ Harm to others: Y ☐ N ☒ Past/present hx violence: Y ☒ N ☐

Services	Service Required	Brief history & Request
Psychiatric Assessment	<input type="checkbox"/> Psychiatric Assessment <input type="checkbox"/> Physician to Psychiatrist phone/OTN consult. <u>Client must be registered with NOSP</u>	<small>(check all that apply)</small> Anxiety Related: <input type="checkbox"/> Mood: <input type="checkbox"/> Life Event: <input checked="" type="checkbox"/> Thoughts/Psychosis: <input type="checkbox"/> Substance Related: <input type="checkbox"/> Other: <input type="checkbox"/>
Counselling	<input checked="" type="checkbox"/> Mental Health <input checked="" type="checkbox"/> Therapy <input type="checkbox"/> Short-term/brief support <input type="checkbox"/> Intensive (crisis/aftercare)	Brief History: <u>Ashley is residing at the women's shelter as she is escaping her ex partner who has sexually</u>

	<input type="checkbox"/> Short-term/brief support <input type="checkbox"/> Intensive (crisis/safety planning response) <input type="checkbox"/> Addictions <input type="checkbox"/> Other	who has sexually abused her eldest son (21 yrs.) - history of domestic violence (stalking, controlling, emotional abuse, sexual abuse)
More Support & Services	<input type="checkbox"/> Mental Health <input type="checkbox"/> Cognitive assessments <input type="checkbox"/> Counselling/intervention <input type="checkbox"/> Family Support <input type="checkbox"/> Senior Volunteer in Service	Ashley has come to the shelter from BC escaping her ex-partner.
Brief Service	<input type="checkbox"/> Emergency/Clinic Visit Follow Up (mental health/addictions)	

Current medication (attach list): Yes ☒ NO ☐ CLIENT AWARE OF REFERRAL: YES ☒ NO ☐

vitamins

FAX REFERRAL TO NOSP OFFICE: Geraldton/Longlac: 807-854-0006 Nipigon/Red Rock: 807-887-2764
 Schreiber/Terrace Bay: 807-825-1030 Marathon: 807-229-3040 Manitouwadge: 807-826-3088 (Nov 5th/2015)



Children and Youth Services Referral Form

DATE REFERRAL SENT	Feb. 01/17	Is youth at risk of harm to self or others:
Phone of Referrer	229-2223	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
		Fax of Referrer
		229-2282

a) CLIENT PROFILE (Child/Youth)

Health Card # (Unknown)

Name of Child/Youth	Include full name and any other names used (only if applicable)		
	JAMES SMITH		
DOB	09/20/2014	Gender	MALE
		Preferred Language	<input type="checkbox"/> French <input checked="" type="checkbox"/> English
Name of Parent/Legal Guardian	Ashley Smith		Relationship
Address	69 Jackson Cr. Marathon, ON POT 2E0		
Preferred Contact Method	<input checked="" type="checkbox"/> Phone:	<input type="checkbox"/> E-mail:	<input type="checkbox"/> Other:
Current School/Daycare (if applicable)	—		Grade
Custody type (if applicable)	Are the parents separated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
	If yes, what is the custody arrangement? <input type="checkbox"/> Joint <input type="checkbox"/> Undetermined <input checked="" type="checkbox"/> Sole Specify:		
Current Child Protection Involvement	Are CP services involved? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	If yes, which agency? <input type="checkbox"/> CAS <input type="checkbox"/> Dilco <input type="checkbox"/> Other		If yes, is the child/youth in care? <input type="checkbox"/> No <input type="checkbox"/> Yes

Are there any pending court issues e.g. Custody, Separation, Divorce or other? : ☒ No ☐ Yes

b) THIRD PARTY REFERRAL INFORMATION Complete only if applicable

Name of Referrer	marjorie House	Title/Agency of Referrer	marjorie House
Phone	229-2223		

Project	229-2223	Referent	nurse
Relationship to Child/Youth	<input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> School <input type="checkbox"/> Physician <input checked="" type="checkbox"/> Other:		
Referral Method	<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Letter/Fax/E-mail (attach) <input type="checkbox"/> Access Network	Referred client has provided Verbal Consent to Referral	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Consent is required
Reason for Referral	Provide a brief summary of the presenting issues: James and his mom and baby brother are residing at the shelter, escaping domestic violence. Ashley (James mom) believes sexual abuse from the ex-partner towards her son James. James is displaying sexualized behaviors.		

FAX TO NOSP OFFICE: Geraldton/Longlac: 807-854-0006 Nipigon/Red Rock: 807-887-2764
 Schreiber/Terrace Bay: 807-825-1030 Marathon: 807-229-3040 Manitouwadge: 807-825-3088
 Sept 2016



THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION

Change of Address with Intent to Rent

Client Surname <u>Smith</u>	First Name <u>Ashley</u>	Caseworker <u>J. Michener</u>
Current Address <u>69 Jackson</u>		Telephone # or Contact # <u>229-2223</u>

Section A: New Address Information - To be completed by tenant

Address you are moving to:

17 Drake St Marathon ON P0A2E0
(Unit #) (Street number & name) (City) (Province) (Postal Code)

Date you are moving: 15 103 12017
DD MM YYYY

Expenses (Indicate below all shelter expenses that you are required to pay)

Shelter Expense	Amount	For Office Use Only	
		Verified	
Mortgage			
Rent	<u>255</u>	<input checked="" type="checkbox"/>	
Heat			
Hydro			
Water			
Water Heater Rental			
Taxes			
Insurance			
Room & Board (shelter & food supplied)			

Section B: Co-residents - To be completed by tenant

Will you be paying the total accommodation costs at this new address?

☐ No ☒ Yes

If no, please complete the following:

Name	Relationship to you	Reason (circle one)		Male or Female	Amount Paid
		Roomer	Boarder		
		Roomer	Boarder		

		Roomer	Boarder		
		Roomer	Boarder		

[2]

Is any other person living and/or using this new address for any other reason? ☒ No ☐ Yes
 If yes, please complete the following:

Name	Relationship to you	Reason (circle one)	
		Living at address	Using address
		Living at address	Using address

Mahleef Samad
 Signature

13/03/2017
 Date

cont'd on reverse



INFANT DEVELOPMENT PROGRAM

KOOTENAY FAMILY PLACE

Box 3144, Castlegar, BC V1N 3H4

e-mail: tashia.idp@kootenayfamilyplace.org

Cell: 250-505-2498

This is Exhibit "A" referred to in the
affidavit of Adley Smith Infant Development
sworn before me this 10 day of August 2018
at Nelson, British Columbia

Tashia Weir
Commissioner for Children
Affidavits for British Columbia
Office: 1-888-644-5616

Home Visit Record

Name: Ryan (David) Smith DOB: October 3 2017

Date of Visit: Sept. 21/2017 Age: 11 1/2 months

Progress: _____

Today we completed the 12 month Ages + Stages Questionnaire for general development which shows Ryan is learning what he should be for his age. He is already walking and is pointing at things he wants. He has a few words including 'Hi', 'Yeah', and his version of butterfly. Ryan plays peekaboo and understands simple requests and questions. He picks up small items with finger and thumb and is starting to throw (and kick) a ball. He can clap and place 3 blocks into a container. He also lets go of


Activities: toys to share, and kisses toy doll

① When Ryan comes back after visiting his Dad, give him time to reestablish his connection with you trying not to worry about if his behavior is different as he will sense your concern.

② During this transition time, try to go slower in activities you have noticed are upsetting him (like a diaper change). Explain to him what you are going to do before touching his body.

Materials Left: Infant Development Brochure / Kootenay Family Place Handbook. Handout of services for families in Nelson and Ages + Stages Activity sheets for 12 months.

Follow-Up: I will see you at team meeting on October 4th and we will visit again with Ryan @ 10:00 on October 15th to complete the 12 month Ages + Stages Social Emotional Questionnaire. We can also talk more about feeding ideas

Signature: Tashia Weir 



12 Month ASQ-3 Information Summary

11 months 0 days through
12 months 30 days

Baby's name: Dylan Smith

Date ASQ completed: Sept 21 / 17

Baby's ID #: _____

Date of birth: Oct 3 / 16

Administering program/provider: DDP - Tami H. Wells

Was age adjusted for prematurity when selecting questionnaire? ☐ Yes ☒ No

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	15.64		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Gross Motor	21.49		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Fine Motor	34.50		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Problem Solving	27.32		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Personal-Social	21.73		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | |
|--|---|--|---|
| 1. Uses both hands and both legs equally well?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO | 6. Concerns about vision?
Comments: | <input type="radio"/> YES <input checked="" type="radio"/> NO |
| 2. Plays with sounds or seems to make words?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO | 7. Any medical problems?
Comments: | <input type="radio"/> YES <input checked="" type="radio"/> NO |
| 3. Feet are flat on the surface most of the time?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO | 8. Concerns about behavior?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| 4. Concerns about not making sounds?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO | 9. Other concerns?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| 5. Family history of hearing impairment?
Comments: | <input type="radio"/> YES <input checked="" type="radio"/> NO | | |

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the ☐ area, it is above the cutoff, and the baby's development appears to be on schedule.
If the baby's total score is in the ☒ area, it is close to the cutoff. Provide learning activities and monitor.
If the baby's total score is in the ☒ area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

- ☒ Provide activities and rescreen in 2 months.
- ☐ Share results with primary health care provider.
- ☐ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- ☐ Refer to primary health care provider or other community agency (specify reason): _____
- ☐ Refer to early intervention/early childhood special education.
- ☐ No further action taken at this time
- ☐ Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

12 Month Information Summary 9 months 0 days through 14 months 30 days



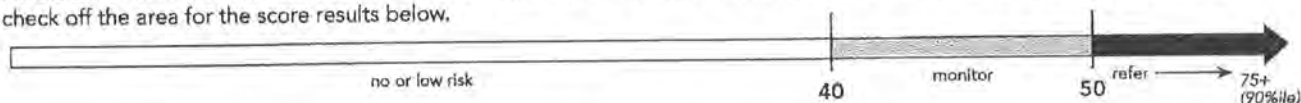
Baby's name: Ryan (David) Smith Date ASQ:SE-2 completed: Oct. 5/2017
 Baby's ID #: _____ Baby's date of birth: Oct. 3/2016
 Person who completed ASQ:SE-2: Mon Ashley Baby's age/adjusted age in months and days: _____
 Administering program/provider: IDP Tasha Baby's gender: ☒ Male ☐ Female

1. ASQ:SE-2 SCORING CHART:

- Score items (Z = 0, V = 5, X = 10, Concern = 5).
- Transfer the page totals and add them for the total score.
- Record the baby's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	5	Cutoff	Total score
TOTAL POINTS ON PAGE 2	35	50	65
TOTAL POINTS ON PAGE 3	25		
Total score			

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the baby's total score on the scoring graphic. Then, check off the area for the score results below.



- ___ The baby's total score is in the ☐ area. It is below the cutoff. Social-emotional development appears to be on schedule.
 ___ The baby's total score is in the ☒ area. It is close to the cutoff. Review behaviors of concern and monitor.
 ___ The baby's total score is in the ☐ area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1-27. Any Concerns marked on scored items? ☒ YES no Comments: concerns re: transition days, early upset, pinching, hitting, less smile/eye contact, excessive crying/biting, scratching.
 28. Eating/sleeping concerns? ☒ YES no Comments: night terrors, hungry in night, doesn't chew well, choking on white & textured food, sensitive to food, gassy.
 29. Other worries? ☒ YES no Comments: Grabbing aggressively at penis/anus, screaming when he has erection @ diaper change.

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98-103 in the ASQ:SE-2 User's Guide.

- ___ Setting/time factors (e.g., Is the baby's behavior the same at home as at school?)
 ___ Developmental factors (e.g., Is the baby's behavior related to a developmental stage or delay?)
 ___ Health factors (e.g., Is the baby's behavior related to health or biological factors?)
 ___ Family/cultural factors (e.g., Is the baby's behavior acceptable given the baby's cultural or family context? Have there been any stressful events in the baby's life recently?)
☒ Parent concerns (e.g., Did the parent/caregiver express any concerns about the baby's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

- ☒ Provide activities and rescreen in 6 months.
☐ Share results with primary health care provider.
☒ Provide parent education materials.
☐ Provide information about available parenting classes or support groups.
☐ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____
☐ Administer developmental screening (e.g., ASQ-3).
☐ Refer to early intervention/early childhood special education.
☒ Refer for social-emotional, behavioral, or mental health evaluation. CUMH - no under 3 clinician
 Other: _____

Ages & Stages Social Emotional 12 month

Pos
at 3/2018

NAME: Lynn (David) Smith

Date of screen: at 5/24/7

	Self regulation	Compliance	Comm.	Adaptive	Autonomy	Affect	Interaction	General
1. smiles: smiles & laughs							A	
2. too friendly w strangers							A	
3. plays /greet w adults							A	
4. likes to be hugged/held								
5. calms within time period								
6. stiffens & arches back						Y		
7. watches, listens, peek a boo							A	
8. body relaxed								
9. cries, screams tantrums	X							
10. can calm down	X							
11. interested in things around								
12. longer than 30 mins. to feed								
13. enjoys meals together							A	
14. eating problems				V				
15. trouble falling asleep	X							
16. babbles								
17. sleeps X in 24hrs.								
18. constipated or diarrhea				V				
19. lets you know needs								
20. listens, turns, smiles			V					
21. hurts others								
22. concerns about child								V
23. concern's about eat/sleeping								V
24. worries about child								V
25. enjoy about child								
# atypical	3		1	2		1	1	3
Total possible	6	0	3	4	0	3	5	4

A= Parents and other adults P= Peers

NOTES:

Concern

Concern

Concerns

Patricia weedy
Infant Development ①



5

INFANT DEVELOPMENT PROGRAM
KOOTENAY FAMILY PLACE
Box 3144, Castlegar, BC V1N 3H4
e-mail: tashia.idp@kootenayfamilyplace.org
Cell: 250-505-2498



Office: 1-888-644-5616

Home Visit Record

Name: Ryan (Daniel) Smith DOB: October 3rd / 2016

Date of Visit: November 20 / 2017 Age: 13.5 months

Progress: today is Ryan's first day back from weekend with his Dad. He had a short nap earlier today and appeared more frustrated than during other visits. We completed the 14 month Ager + Stage questionnaire which shows he is continuing to develop typically, although you note a regression in his use of words and more "new" behaviors that include trying to rub his feet in your crotch area, touching his genitals while nursing and putting vacuum hose and his finger into his mouth and down his throat. Also clumsiness.

Activities:

- 1) Try as much as you can to leave time in your days to rest and play at home with the boys, especially on Mondays when you are all coming back into relationship together.
- 2) When you do go out, you might want to try Mother Goose as it is a time where no fees is on connection and the kids, and it can also support language development.

Mother Goose for 0-3 years old at Learning Place 608 Lake St.

Materials Left: Wednesday from 10-11, and if James is in daycare on Tuesdays, Baby Goose for 0-15 months at library 10:30.

Follow-Up: In the New Year, we can complete another questionnaire to look more at Ryan's behavior and social/emotional development. We can also talk more about the Circle of security and balancing his needs with James, while being "Bigger, stronger, kinder and wiser".

Signature: Tashia Wells + +



WEST KOOTENAY BOUNDARY INFANT DEVELOPMENT PROGRAM

767 11TH AV E, CASTLEGAR BC, V1N 1J7

E-MAIL: TASHIA.IDP@KOOTENAYFAMILYPLACE.ORG

PHONE: (250) 505 2498 OR (778) 460 5112 FAX: (250) 365-5792

Ages and Stages Questionnaire Report

CHILD'S NAME: (David) Ryan Smith

DOB: October 3rd, 2016

DATES SEEN: September 21st and October 5th, 2017

AGE: 11 months to 1 year

Ryan was seen in his home with his mom, Ashley. Together with her the 12 Months Ages and Stages Questionnaire was completed September 21st 2017, and the 12 Months Ages and Stages Social/Emotional Questionnaire was completed on October 5th, 2017.

Background

I received a referral for Ryan and his family from Jessica Cole, the Stopping the Violence counsellor at Nelson Community Services. She said that his Mom Ashley wanted visits with someone to check in that Ryan is meeting developmental milestones for his age, and visit again to see that he continues to do so. Ashley has concerns about the way Ryan is treated and cared for when he is with his Dad, as she says Ryan acts differently and seems to regress in all areas after visits. Ryan has just started supervised overnight visits. He is breastfed, and eats solid foods. Some of things Ashley enjoys doing with Ryan are playing peek-a-boo, chasing games, quiet cuddling on the couch and talking to him about the world around him. She likes how he plays with his brother, and that he is now walking.

ASQ-3 Screening Results (scores below cut-off are of concern and to be monitored)

Domain	Cut-off	Score
Communication	15.64	60
Gross Motor	21.49	60
Fine Motor	34.50	50
Problem Solving	27.32	48
Personal-social	21.73	50

Summary

David Ryan Smith DOB: Oct 3/ 2015

Ryan has typical over-all development for his age, meeting all communication and gross motor milestones. This screening tool can be used again at 14 months of age.

ASQ/Social/Emotional (scores above cut-off are of concern and to be monitored)

Questionnaire interval	Cut off score	ASQ-SE score
12 months	50	70

Summary

Ryan's social-emotional scores are above the cut-off which indicates need for further assessment by a specialist in this area. His score is 65 in large part due to the behaviors he demonstrates "some of the time", reported by Ashley as being the times when he has returned from visits with his Dad, and since Ashley is concerned about these behaviors.

The behaviors reported by Ashley to sometimes be a concern include the following:

- Ryan may stiffen and arch his back when being picked up.
- He may cry for long periods of time where he appears tense and unsettled. Ashley says he seems extra sensitive and easily frustrated and upset after visits.
- Sometimes mealtimes are not enjoyable as Ryan wants to feed himself. He can have issues with not chewing well, and is newly choking on water or his saliva. He appears sensitive to food, is gassy and will often have diarrhea or spit-up. When Ryan was an infant he had a lip and tongue tie, and eats iron fortified cereal.
- Ryan often has trouble falling asleep at nap and night-time. He is dependent on sucking or being bounced to fall asleep. When he comes back from visiting his Dad appears very tired and has a harder time falling asleep. He will wake more in night crying and wanting to nurse. He appears scared and Ashley thinks he may still be asleep when crying out.
- Sometimes Ryan will not respond to his name by looking or smiling after visits.
- Ryan can be aggressive towards his Mom when nursing. He may pull off and pinch, scratch or bite. This happens after he has been with his dad for the week-end.
- Additional behaviours Ashley is concerned about include that Ryan is increasingly distressed when needing his diaper changed and has a red anus, is pulling and poking aggressively at his anus and penis, and that he also screams when he gets an erection.
- Ashley's boyfriend Dave and her friend Zoe who has seen Ryan since they moved back here when he was six months observed that he seems more insecure and not as happy as he was before.

Recommendations

1. In terms of feeding, Ryan is a good age to allow him to be more involved with feeding himself. You can give him a small spoon to practice with while you feed him. At first, you can load the food on for him. Watch for his cues that he has had enough like turning away or pushing food away. He may also prefer finger foods that he can feed himself at this age, over blended foods. These ideas may help with some of his frustration around meal-times. You can also sit with him during meals, eating at the same time to model chewing slowly and completely to help him to learn this skill.
2. When Ryan is behaving in a way that could hurt himself or others, briefly say the behavior that needs to stop (ex. "You can't bite me") and then move into reflecting his feelings by saying what you think he is trying to say (ex. "You are feeling mad"). This will teach him emotional language he will use in the future and lets him know that you understand him which will help decrease the behavior. After that, you can distract him or offer him an activity that he can do or toy he can play with.
3. When doing activities that have sometimes become upsetting to Ryan like changing his diaper or washing his face, it can be helpful to respect his body go extra slowly and gently and simply explain to him what you are about to do before you do it. This can help him feel more prepared for the activity, so he may not become as upset.
4. To support Ryan with staying calm, try as much as possible to save the talking you need to do about his and his brothers needs and experiences to when he is asleep or preoccupied with another adult. Babies are very sensitive to the feelings of their caregivers but not yet able to make sense of them. Try to be in the moment when he gets home and give him time to settle back into connection with you.
5. It may also help to keep expectations of him to a minimum. For example, at his age he is not yet able to understand the concept of sharing so too much explaining about this can be stressful. We can talk more about age-appropriate teaching at our next visit. We can also review some ideas from Circle of Security Parenting Program.

Please call me if you want to discuss any of these suggestions before then.

Tashia Weeks
Infant Development Program Consultant

cc/

David Ryan Smith DOB: Oct 3/ 2015



14 Month ASQ-3 Information Summary

13 months 0 days through
14 months 30 days

Baby's name: Dan'd Ryan Smith

Date ASQ completed: November 20/2014

Baby's ID #:

Date of birth: October 3/2014

Administering program/provider: IDP - Tasha
Weller

Was age adjusted for prematurity
when selecting questionnaire? ☐ Yes ☒ No

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	17.40		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross Motor	25.80		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine Motor	23.06		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Problem Solving	22.56		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-Social	23.18		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | |
|--|---|--|---|
| 1. Uses both hands and both legs equally well?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO | 6. Concerns about vision?
Comments: | <input type="radio"/> YES <input checked="" type="radio"/> NO |
| 2. Plays with sounds or seems to make words?
Comments: | <input type="radio"/> YES <input checked="" type="radio"/> NO | 7. Any medical problems?
Comments: | <input type="radio"/> YES <input checked="" type="radio"/> NO |
| 3. Feet are flat on the surface most of the time?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO | 8. Concerns about behavior?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| 4. Concerns about not making sounds?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO | 9. Other concerns?
Comments: | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| 5. Family history of hearing impairment?
Comments: | <input type="radio"/> YES <input checked="" type="radio"/> NO | | |

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the ☐ area, it is above the cutoff, and the baby's development appears to be on schedule.

If the baby's total score is in the ☐ area, it is close to the cutoff. Provide learning activities and monitor.

If the baby's total score is in the ☐ area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

- ☒ Provide activities and rescreen in 2 months.
- ☐ Share results with primary health care provider.
- ☐ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- ☐ Refer to primary health care provider or other community agency (specify reason): _____
- ☐ Refer to early intervention/early childhood special education.
- ☐ No further action taken at this time
- ☐ Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



INFANT DEVELOPMENT PROGRAM

KOOTENAY FAMILY PLACE

Box 3144, Castlegar, BC V1N 3H4
e-mail: tashia.idp@kootenayfamilyplace.org
Cell: 250-505-2498



Office: 1-888-644-5616

Home Visit Record

Name: Ryan (David) Smith DOB: October 3/2017

Date of Visit: January 9th /2018 Age: 15 months

Progress: _____

Ryan continues to have typical development with his motor skills and language. He says bye, has a sound for food, and is pointing and indicating he wants to know what things are called. Ryan is showing more independence - he will get his own diaper when time to be changed and wanting to walk in the halls. He is not hitting his head as much and diaper changes are still challenging but not as hard. Ryan's nap + night-time sleep is inconsistent depending what day of the week it is.

Activities: _____

① In daily interactions with the boys, do your best to be bigger and stronger (with decisions) but also be kinder + more about them. Take a break for yourself to gather thoughts as needed.

② When either of the boys is upset, focus on each one's feelings in that moment. Empathize with them feeling frustrated or that something is not fair rather than trying to use reason + logic to help them see the other's point of view in the interaction. You could try an egg timer to help with sharing.

Materials Left: 18 month Ager + Stages, Social Emotional Questionnaire and activity sheet. Let me know when you have completed it and we can figure out how I can get it to score.

Follow-Up: _____

Next time I visit, we discussed that I could model some of the concepts of Circle of Security, and we can review handout that covers what children's needs in moment are. I will let you know about upcoming groups in Salmo + Nelson.

Signature: Tashia Wells

18 Month Information Summary 15 months 0 days through 20 months 30 days



Child's name: Ryan (David) Smith Date ASQ:SE-2 completed: Jan. 22 / 2018
 Child's ID #: _____ Child's date of birth: October 3 / 2016
 Person who completed ASQ:SE-2: mom Child's age/adjusted age in months and days: _____
 Administering program/provider: IDP Tasha Wells Child's gender: ☒ Male ☐ Female

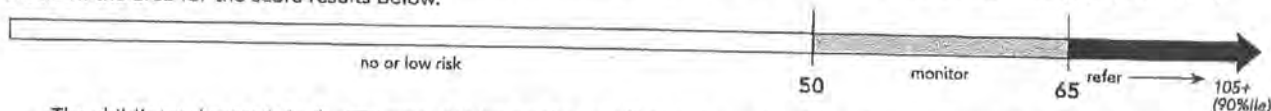
1. ASQ:SE-2 SCORING CHART:

- Score items (Z = 0, V = 5, X = 10, Concern = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	20
TOTAL POINTS ON PAGE 2	50
TOTAL POINTS ON PAGE 3	30
TOTAL POINTS ON PAGE 4	10
Total score	

Cutoff	Total score
65	110

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.



- ☐ The child's total score is in the ☐ area. It is below the cutoff. Social-emotional development appears to be on schedule.
- ☐ The child's total score is in the ☒ area. It is close to the cutoff. Review behaviors of concern and monitor.
- ☐ The child's total score is in the ☐ area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

- 1-31. Any Concerns marked on scored items? ☒ YES ☐ no Comments: eye contact / smiling less,
32. Eating/sleeping concerns? ☒ YES ☐ no Comments: night terrors
33. Other worries? ☒ YES ☐ no Comments: crying, self harm, excessive interest in sexual activity for age, cum + other bodily, scared to go in car

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98-103 in the ASQ:SE-2 User's Guide.

- ☐ Setting/time factors (e.g., Is the child's behavior the same at home as at school?)
- ☐ Developmental factors (e.g., Is the child's behavior related to a developmental stage or delay?)
- ☐ Health factors (e.g., Is the child's behavior related to health or biological factors?)
- ☐ Family/cultural factors (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)
- ☒ Parent concerns (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

- ☒ Provide activities and rescreen in 2 months.
- ☐ Share results with primary health care provider.
- ☐ Provide parent education materials.
- ☒ Provide information about available parenting classes or support groups.
- ☐ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____
- ☐ Administer developmental screening (e.g., ASQ-3).
- ☐ Refer to early intervention/early childhood special education.
- ☒ Refer for social-emotional, behavioral, or mental health evaluation. no under 3 youth clinician
- ☐ Other: _____



NAME: David Ryan Smith.

DATE: Feb 26/18

Friday night to Sunday night
After being able away, Ryan reverts to:

- 1) screaming
- 2) point + 'ah'
- 3) this + point

Started babbling / making sounds again.

Ry-Ry has been sick
Tantrums huge - self-harm & biting mom

Screening - Infant-Toddler Checklist
Communication & Symbolic Behaviour
Scales

Screening shows a delay in expressive language and speech sounds compared to understanding. Play also a bit delayed.

Strategies -
- few sounds
- Put a word on what Ryan is trying to tell you (so he can copy you)
- Comments rather than questions.

Deb Saville

Next Visit: Deb or Becky to call
in 2 wks.

Clinic Phone Number: 250 505 7208



INITIAL CONSULTATION & SCREENING REPORT Speech & Language Services

Client: David (Ryan) Smith

Date of report: March 1, 2018

Date of Birth: October 3, 2016

Current Age: 16 months

Date of session: February 26, 2018

Mother: Ashley Smith

Reason for Referral

Ryan was referred to Speech & Language Services by Liz Amarel from Nelson Community Services. Ashley (Ryan's mother) has been receiving counselling and support services from Liz Amarel and from Cathy Swanston regarding an acrimonious parental separation and reported trauma following visits with Ryan's father. The purpose of the visit to Speech & Language was to screen communication development and identify need for further assessment or intervention services.

BACKGROUND

Ashley has also been receiving support from Tashia Weeks, Infant Development Consultant. Tashia has been tracking Ryan's development and accompanied Ashley to the visit. Ashley brought her older son, James to the appointment as well. Full background information relating to birth and medical history was not obtained. Ashley and Tashia confirmed typical development and meeting speech and language milestones between September 2017 and January 2018. Ryan apparently had about 18 words until recently and these words were easy to understand (seemed to contain age-appropriate speech sounds and patterns for a 12-15 month old), e.g., butterfly/bu_fy. Tashia and Ashley reported a change in Ryan's behavior over the last 1-2 months including self-harm, aggression and increased frustration. In terms of communication, Ryan has reportedly become less responsive, stopped using words and sounds and communicating mostly by screaming, crying, whining and pointing.

Ashley completed a screening tool called the Infant-Toddler checklist from the Communication & Symbolic Behaviour Skills screen by Wetherby & Prizant. She based her responses on Ryan's current communication abilities. Ryan's communication and play behaviours were also observed in the Speech & Language Clinic. While this is a play-based, naturalistic setting, this was a new environment for Ryan, so he may behave differently at home.

Screening results and clinical observations are shown in the table below:

Bus: (250) 505-7208
Fax: (250) 505-7211
Email: deborah.saville@interiorhealth.ca
Web: interiorhealth.ca

KOOTENAY SERVICE AREA
Speech and Language Services
2nd Fl – 333 Victoria Street
Nelson, BC V1L 4K3

AREA OF COMMUNICATION	Comments
Communication and social interaction	Screening showed no concern in this area. Ryan was very aware of his surroundings. He initiated and responded to interaction. He used eye gaze to reference, showed objects, pointed to request things, nodded his head to answer 'yes' or 'no' and engaged in reciprocal smiling to share positive emotion.
Language Comprehension (understanding of words)	Ryan's understanding of language seemed to be at a functional level and there was a gap between his language comprehension and expressive language. He was able to follow some simple directions without gestural cueing. Ashley's responses on the screening tool indicated "concern". This seems to be because Ryan has stopped following directions at home and has generally become less responsive.
Expressive Language (use of words and sentences) and Speech Sounds	These were the areas of greatest concern, both on the screening tool and from clinical observations. Ryan was very quiet throughout the session. There was no babbling or jargon (gibberish which sounds like talking) and no imitation. Vocal play and imitation are the hallmarks of speech and language development at this age. Two words were heard in the session – "moo" (picture of a cow) and "mama". In addition to lack of sounds or words, Ryan was drooling severely throughout the session, soaking his top, and generally maintained an open mouth posture. Ashley confirmed that he is not teething currently, but did report that he has been sick with a cold. Tashia also noted that the drooling seems to be new. Ryan may be mouth-breathing due to his cold.
Behaviour and Play	There were no major concerns for play development. Ryan was keen to explore the toys, but moved quite quickly from one toy to the next. He really enjoyed the shape sorter with three shapes. He also liked the slide and obviously enjoys physical play. He played briefly with the doll and engaged in a little simple pretend play (spoon in the cup, feed the baby). No aggression or frustration was observed in the clinic. Ryan seemed quite aware of his surroundings and he was happy to interact with all the people in the room (Tashia, SLP, mom and brother).
Voice and resonance	No concerns.
Hearing	No concerns. Hearing test not done. Hearing screening at birth – unknown.

SUMMARY AND RECOMMENDATIONS

Ryan has a delay in expressive language and speech sound development, which is a reported regression over the last 2 months. There are no major concerns for social communication, language comprehension or play. Ryan's speech and language development seems to be following a typical path, despite the (mild) delay, though his drooling is unusual and is of some concern.

Ashley is already monitoring Ryan's language development. Tashia is already playing a supportive role in monitoring and suggesting strategies to facilitate spoken language. This therapist suggested using a tool called the MacArthur-Bates Words and Gestures Inventory to document Ryan's words, noting whether the word is imitated or produced spontaneously.

Tashia has suggested similar strategies to those mentioned by this therapist. Most parents need a coach to practice using the strategies in everyday life and Tashia is able to be Ashley's coach.

Strategies suggested include:

- Say less – wait for Ryan to initiate.
- Ask few questions; use comments instead.
- When he points and says "uh", put a word on what he seems to be telling you. Say it as a comment, rather than a question and then he will be more likely to copy you.
- Don't worry if he doesn't say the word and don't pressure him with "can you say...?" types of questions. Say the word he would say, if he could (this is called "interpret") and wait to see if he will imitate. Focus on "language in" rather than "language out".

At this point, follow up services or speech/language intervention is not required. Tashia is providing the support Ashley needs to help develop words at Ryan's pace. We agreed to keep in touch and for the SLP to provide consultation to Tashia as needed. The SLP suggested contacting Ashley in a couple of months to see how things are going. She is welcome to be in touch with this therapist directly or through Tashia, if there are concerns at any time.

Please contact me if you have any questions or concerns about this report.

Yours sincerely,



Deb Saville M.Sc., Reg. SLP
Professional Practice Lead
Speech & Language Services

Ashley Smith, Mother
Tashia Weeks, Infant Development Consultant
Liz Amarel, Nelson Community Services
Amber Johnson, MCFD Social Worker
Dr. Carrie Fitzsimons, Pediatrician



INFANT DEVELOPMENT PROGRAM

KOOTENAY FAMILY PLACE

Box 3144, Castlegar, BC V1N 3H4
e-mail: tashia.idp@kootenayfamilyplace.org
Cell: 250-505-2498



Office: 1-888-644-5616

Home Visit Record

Name: Ryan (David) Smith DOB: October 3rd / 2006

Date of Visit: March 23 / 2018 Age: 17.5 months

Progress:

Ryan was smiling and interested in playing today. We practiced some of the suggestions given by the speech therapist while he played to encourage language, allowing him his 'turn' in the conversation. He made sounds to express "What's that?", once nodded and a couple times said 'Yah'. Ryan was quick to move between toys, I thought he might be getting tired, as he was also clumsy, but you said this is usual behavior. He hits his head often but does not seem to mind.

Activities:

① To support Ryan's attention span / and social interactions in play I suggest putting away most toys, leaving at only a few items for him to choose from that are age appropriate. Like simple puzzles, containers to fill, open, close + empty. Books with real photos for pointing + labelling pictures for him.

② Continue with suggestions for language: turn your questions into a comment, use short sentences when talking to him, singing songs with gestures - Wheels a Bus.

Materials Left:

Follow-Up:

I will check in with Community Services staff about a team meeting so that we can discuss how to best support you.

Signature: Tasha Weeks



Interior Health

Speech - Language Services

Visit Record

NAME: Ryan

DATE: May 14/18

Has been sick - fever

Using 2 word combinations - out now

- that's my brother

About 30 spoken words checked on MacArthur.

Still variable in expressive lang.

Beginning to show occasional pretend play - wipe baby's face

up / down - slide & dinosaurs

Still quiet but seems to have potential for typical language.

First 100 words sheet.

Keep labelling his intent, slow down, ↓ questions, comments.

Choice questions? - try occasionally

slide or swing?

Deb Sawille
Reg. SLP

Next Visit: _____

Clinic Phone Number: 250-505-7208

Child Report Form CDI: Words and Gestures



ID number N1800121 Date of report May 14, 2018 Date CDI completed April 23, 2018

Child's name Ryan Smith Child's birth date Oct 3, 2016
FIRST MIDDLE LAST

Parent/guardian Ashley Smith Gender M Child's age in months 18
FIRST LAST

PART I: EARLY WORDS

First Signs of Understanding

Percentage of yes
answers at this child's age
(see Table 4.6)

Responds when name is called: ☒ yes ☐ no
Responds to "no no": ☒ yes ☐ no
Responds to "there's mommy/daddy": ☒ yes ☐ no

Phrases Understood:

Number: 28 (of 28)

Percentile: 99-100

Starting to Talk

Percentage of affirmative
answers at this child's age
(see Table 4.9)

* Imitation: ☒ yes ☐ no
* Labeling: ☐ yes ☒ no

"after he's
been home
for a
while"
- mom's
report

Vocabulary Checklist

Words Understood:

Number: 207 (of 396)

Percentile: 30-35th

Words Produced:

Number: 32 (of 396)

Percentile: 15th

} gap
between
receptive
& expressive

PART II: ACTIONS AND GESTURES

Early Gestures (Sections A and B)

Number: 16 (of 18)

Percentile: 25-40

Later Gestures (Sections C through E)

Number: 32 (of 45)

Percentile: 45-50

Total Gestures (Sections A through E)

Number: 48 (of 63)

Percentile: 55th

} gestures
age-
appropriate



INFANT DEVELOPMENT PROGRAM
KOOTENAY FAMILY PLACE
 Box 3144, Castlegar, BC V1N 3H4
 e-mail: tashia.idp@kootenayfamilyplace.org
 Cell: 250-505-2498



Office: 1-888-644-5616

Home Visit Record

Name: David Ryan Smith DOB: October 3rd / 2016

Date of Visit: June 11 / 2018 Age: 20 months

Progress: Ryan was using more words today even 2 words - 'Mamas hat' when I arrived you told me Ryan was up screaming for you at 4:30. He doesn't notice that you are right there. You showed me video of him being very distressed at diaper change and after and I told you what I shared with family justice counselor. When we went inside Ryan was calmer and interested in toys I brought. When you asked him to lie down to be changed, he complied and went 'blank'. He did this again later when we asked him if he could close his eyes. Ryan scored typically for his age and stage 20 mth questionnaire.

Activities: He can practice stacking, lining blocks - putting into containers.

① Always aim to be 'big, strong, kinder and wiser' in parenting. If you can try not to ask questions about things they have to do (go to bed, get changed etc). If they feel you are solid in expectations, they will be more likely to comply. When you see they need to settle down, gently take charge by guiding them to quieter activity. You did a good job of calmly holding your boundaries when Ryan wanted to nurse. When he's having a tantrum - use the ideas on 'Time In/Time Out' page.

Materials Left: 20-24 Ages + stage activity sheets
Circle of Security - 'time in' and repair handouts.

Follow-Up: I will see Dr. Fitzgibbon a Thursday and let you know what she says about a visit to look at Ryan 'going blank', clumpsies and night terrors. We will meet in July to videotape playing between you and Ryan and see how we can use your relationship to increase his security. I will ask Deb about hearing test.

Signature: Tashia Woodh



20 Month ASQ-3 Information Summary

19 months 0 days through
20 months 30 days

Child's name: David Ryan Smith Date ASQ completed: sep 11/2018
 Child's ID #: _____ Date of birth: October 3 / 2016
 Administering program/provider: PCP - Patricia Wells Was age adjusted for prematurity when selecting questionnaire? ☐ Yes ☒ No

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

not done
since self
del

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	20.50														
Gross Motor	39.89														
Fine Motor	36.05														
Problem Solving	28.84														
Personal-Social	33.36														

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- Hears well? Comments: Yes ☒ NO ☐ 6. Concerns about vision? Comments: YES ☐ No ☒
- Talks like other toddlers his age? Comments: Yes ☐ NO ☒ 7. Any medical problems? Comments: YES ☐ No ☒
- Understand most of what your child says? Comments: Yes ☒ NO ☐ 8. Concerns about behavior? Comments: YES ☒ No ☐
- Walks, runs, and climbs like other toddlers? Comments: clunky Yes ☐ NO ☒ 9. Other concerns? Comments: YES ☒ No ☐
- Family history of hearing impairment? Comments: YES No ☐ see ASQ SE 18 months

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the ☐ area, it is above the cutoff, and the child's development appears to be on schedule.
 If the child's total score is in the ☒ area, it is close to the cutoff. Provide learning activities and monitor.
 If the child's total score is in the ☐ area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

- ☒ Provide activities and rescreen in 2 months.
- ☐ Share results with primary health care provider.
- ☐ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- ☐ Refer to primary health care provider or other community agency (specify reason): _____
- ☐ Refer to early intervention/early childhood special education.
- ☐ No further action taken at this time
- ☐ Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



21

KOOTENAY FAMILY PLACE
Society for Children & Youth
WEST KOOTENAY INFANT DEVELOPMENT PROGRAM

July 31st, 2018

Re: David Ryan Smith
D.O.B.: October 3rd, 2016

To Whom it may concern,

I received a referral for David in September 2017 from Jessica Cole at Nelson Community Services. The reason was regarding concerns around his development, regression of skills and atypical behavior. I have met with David and his mother Ashley on many occasions to discuss ways to support his development and behaviour. I will continue to see him as long as my services are needed.

Sincerely,

Tashia Weeks

IDP consultant

767 11th Avenue Castlegar, B.C. V1N 1J7
Phone 250-505-2498 or 778-460-5112 Fax 250-365-5792
www.kootenayfamilyplace.org email tashia.idp@kootenayfamilyplace.org



Nelson Police Department

606 Stanley Street, Nelson, British Columbia V1L 1N4
Telephone: 250.354.3919 Fax: 250.354.4179
Email: court@nelsonpolice.ca

August 4, 2018

Ms. Ashley Smith
302-505 West Beasley St
Nelson BC
V1L 5X3

Ms. Smith,

On July 29, 2018 I received four separate requests from you to access records at the Nelson Police Department under the Freedom of Information and Protection of Privacy.

Two of the requests pertain to files currently under investigation namely file 2017-4287 from May 14, 2017 and file 2018-3608 from July 27, 2018. I will address your requests once I have been able to speak with the investigators. As these files are open, disclosure is often difficult to accomplish as it may affect the investigation.

The other two requests are much too vague to accomplish. One request states "would like a copy of my file in its entirety, including all calls made, reports, etc." Please indicate what file you are referring to by describing the event or circumstances to narrow the search. Please note that the police do not have a master file for each person that they deal with. The other request states "any complaints / reports that may have been made against me". This is difficult as third party information cannot be released and may involve information that is identified in the next paragraph.

Please keep in mind that the request for access to records does not give you a complete copy of the file. All third party information and identification is vetted from the file. This includes all statements from third parties, hospital records, recordings etc. Also, all police investigation notes and investigation techniques will be withheld.

Please feel free to contact me to clarify the two requests that I have identified as vague. I will call you when the two current files are completed and ready for pickup.

Sincerely,

Sgt. Dan Markevich #66

NELSON POLICE DEPARTMENT

606 STANLEY ST

NELSON BC

250-354-3919 EXT 686

markevich@nelsonpolice.ca

July 24, 2018

To Whom It May Concern:

This letter is written as confirmation that Ashley Smith has requested and is receiving parenting support. She has asked for appropriate ways to respond to her sons.

Sincerely,



Liz Amaral
Parenting Support Worker

July 26, 2018

To Whom It May Concern,

Ashley Smith has been and is currently attending counselling as part of the Stopping the Violence (STV) Women's Counselling Program since August 11th, 2017 attending a total of thirty counselling sessions to date. Ms. Smith consistently attends her appointments and is actively engaged in the counselling process.

The STV Women's Counselling Program is for self-identified adult women who are experiencing violence/abuse in relationships or who have experienced sexual assault, violence/abuse in relationships or childhood abuse. All appointments are held at Nelson Community Services (518 Lake Street, Nelson BC).

Sincerely,



Jessica Cole | STV Counsellor



www.servicesfyi.ca

#201 – 518 Lake Street | Nelson BC | V1L 4C6
Ph | 250-352-3504 Ext. 225
Fax | 250-352-3750
Email | jcole@servicesfyi.ca

NCS is a COA Accredited Organization

Nelson Community Services
Main Office
#201-518 Lake Street
Nelson, BC V1L 4C6
Ph | 250.352.3504
Fax | 250.352.3750

Cicada Place
Youth Services & Housing
605 Lake Street
Nelson, BC V1L 4C7
Ph | 250.352.3504
Fax | 250.352.9907

Aimee Beaulieu Transition House
Ph | 250.354.4357
Fax | 250.354.4977

servicesfyi.ca

To Whom It May Concern,

Ashely Smith, Dave Barron, James Smith and Ryan Smith have been engaged in Family Support Service with Nelson Community Services since April 4th 2018. The family has regular attendance and have attended 14 sessions as to date. Ashley and the family are actively engaged in Family Support services and have been addressing set goals.

Sincerely,



Lindsay Dew,

Family Support, Nelson Community Services

July 24th, 2018

Nelson Community Services

Main Office
#201-518 Lake Street
Nelson, BC V1L 4C6
Ph | 250.352.3504
Fax | 250.352.3750

Cicada Place

Youth Services & Housing
605 Lake Street
Nelson, BC V1L 4C7
Ph | 250.352.3504
Fax | 250.352.9907

Aimee Beaulieu Transition House

Ph | 250.354.4357
Fax | 250.354.4977

services *fyi.ca*

4
August 6, 2018

To Whom It May Concern,

Ashley Smith has been accessing resources through the Women's Outreach Program at Nelson Community Services. This is a voluntary program funded by the Ministry of Public Safety and the Solicitor General. The purpose of this program is to support women and their children impacted by Domestic Violence through advocacy and connection to resources.

Ashley and I have spent time Safety Planning, seeking information and advice through the LSS Lawline and networking with other support providers including Specialized Victim Services, SKY (Safe Kids and Youth), Police Based Victim Services and other service providers at Nelson Community Services.

I have found Ashley to be a caring, self aware woman who is passionately focused on the best interest of her children.

Sincerely,

Ernestine Wood



Women's Outreach
Nelson Community Services
250-352-3504 ext.227
ewood@servicesfyi.ca



Interior Health

Emergency / Outpatient Record

Bed #

SMITH, DAVID RYAN

ACT KL0023685/19

DOB 03 OCT 2016

HCN 9729382779

MRP MCBRIDE, DHARMA

FAM FITZSIMONS, CARRIE

OTH

ADM 27 JUL 2018 09:52

ED

MRN KL00107637

M 1Y 9M

INS 9729382779 BCC

NELKLHED

807-355-7355

This is Exhibit "F" referred to in the affidavit of Ashley Smith Doctor report sworn before me this 10 day of August 2018 at Nelson, British Columbia

S. Smith

A Commissioner for taking

CTAS Level	ALLERGIES <input type="checkbox"/> None Stated <input type="checkbox"/> See ADR <input type="checkbox"/> Unknown		MEDS <input type="checkbox"/> None <input type="checkbox"/> Unknown *BPMH	
PHYS Assess Time	Temp 37°C	Pulse 113	Resp 28	BP
	SpO2 97% RA		Pain	Glucose
	MOST		Weight	
EMERGENCY PHYSICIAN	<i>McBride</i>			
<div>CC:</div> <div>HPI:</div> <div> <p>- was w/ father from 5-7pm yesterday; was supposed to suppersal but wasn't; Father has Hx of abusive behavior w/ other child.</p> <p>- mum has noticed behaviour changes; especially right after being w/ father</p> <p><i>& IRRITATION</i></p> <p><i>o/c</i> DEFINITE TALKING OF SUICIDE ASPECT OF FORELUN.</p> <p><i>St</i></p> <p>DICTATED</p> </div>				
Reassessment	<p>- d/w d/r Fitzgeralds (10⁴⁵)</p> <p>- d/w mofa under Robert (11¹⁰)</p> <p>- d/w official (M) <i>turnover</i></p>			
FINAL DIAGNOSIS	<p>FORELUN TRAUMA</p>			
PHYSICIAN SIGNATURE	<p><i>[Signature]</i></p>			
Discharge Time	<p>1110</p>			
<p>ICD 10 CODE _____ Disposition code (for clerical staff only) _____</p>				

Name: Smith, David Ryan

MRP:

FamPhys: Fitzsimons, Carrie L

PrimProv:

Age: 1Y 09M

DOB: 03/10/2016

Sex: M

Ph: 807-355-7355

Type: DEP ED

Loc: NELKLHED

ADM: 27/07/18

DIS: 27/07/18

Acct: KL0023685/19

MedRec: KL00107637

HC#: 9729382779

Attn:

Emergency Department Visit Signed

I saw this 1 year and 9-month-old boy in the emergency room at Kootenay Lake Hospital today in regard to apparent trauma to the penis. He came in with his mother.

David has a file with the ministry regarding reported abuse by the father. David's mother and father are separated and there has been claims from the mother of abuse of the older brother. I understand that this is a complex ministry case and I will not review all the details here, but it is not completely clear whether there is substantive evidence to backup the mother's claims. Apparently David was at his father's yesterday from 5 to 7 p.m. His mother says that these visits are meant to be supervised, but apparently this one was not. When David returned home to her last night apparently he was somewhat distant and had some quiet behavior. She put him to bed not noticing anything untoward, however he woke up in the middle of the night complaining of pain in his penis. When she checked at that time she noted some evidence of either excoriations or tears of his foreskin. She presents this morning to have these documented and have an examination performed. She denies any other signs of trauma or abuse.

On exam, I saw David with medical student (Aimee) as well as the mother. I have made photo documentation under the secure texting platform of the exam.

Examination of the penis showed excoriations of the foreskin superiorly. There is no surrounding erythema that would suggest a balanitis. Certainly these do look fairly recent and I would suspect that this is likely within the last 24 hours. There is no obvious other trauma although I did not do a full exam of the abdomen. He did not have any bruising and he was otherwise in no apparent distress. He was afebrile at 37 with a pulse of 113, respiratory of 28, and saturations 97% on room air. He was actually quite amicable when we first did the examination, however on removing his pants he was quite distressed although consoled by his mother. As mentioned, a single photo was taken and sent to Dr. Fitzsimons. Of note, there was a visit approximately 2 weeks ago to Dr. Fitzsimons for some foreskin smegma buildup. I do not see any obvious smegma. However, I did not fully retract the foreskin to see the full extent along the glans.

I have had a discussion with Dr. Fitzsimons to let her know what has occurred. I have also talked to the social worker, Robert, at the ministry today. I have also had a discussion with detective Duncan of the Nelson Police Department to give my account of what I have witnessed today. I will leave it in the capable hands of Dr. Fitzsimons, the ministry and the police department to proceed. In regards to care of this foreskin injury, I have asked mom to apply Polysporin ointment twice daily for the next few days to ensure that there is no adhesions. Should there be any signs of infection or any new symptoms the mother has been asked to bring him back to the emergency department.

"This document has been produced as dictated and will NOT be available in the MyHealthPortal"

*** If fax received in error call IH Information Privacy & Security toll free at 1-855-980-5020 ***

3

Name: Smith, David Ryan

Emergency Department Visit

Acct: KL0023685/19
MedRec: KL00107637

Dharma McBride MD

Dictated by: McBride, Dharma
Transcribed/Edited by: LAFS

Dictated Date: 27/07/18 1544
Transcribed Date: 30/07/18 1329

Copies: Fitzsimons, Carrie L; McBride, Dharma
Report: 3007-0072

"This document has been produced as dictated and will NOT be available in the MyHealthPortal"

*** If fax received in error call IH Information Privacy & Security toll free at 1-855-980-5020 ***



Interior Health
Emergency/Outpatient Record

Bed #

This is Exhibit "C" referred to in the
affidavit of Ashley Smith Doctors Reports 1
sworn before me this 10 day of August 2018
at Nelson, British Columbia
Kootenay Lake Hospital

SMITH, DAVID RYAN
ACT KL0008668/18 Commissioner for t... MRN KL00107637
DOB 03 OCT 2016 HCN 9729382779 INS 9729382779 BCC
MRP WIEDRICK, JAMES NELKLHED
FAM
OTH
ADM 14 MAY 2017 16:04 CONCERN FOR PATIENT S W
AIMEE BEULIEAU TRANSITION HOUS 807-355-7355
NELSON BC VIL 2L3

CTAS
Level

well
Term infant
chronic conditions
Mother: Ashley

Biological Father Andrew English

ALLERGIES ☒ None Stated ☐ See ADR ☐ Unknown
MEDS ☐ See Med Rec form ☒ None ☐ Unknown
1/21/1982

Temp 36.4 Pulse 138 Resp 22 BP SpO2 100 Weight

EMERGENCY PHYSICIAN WIEDRICK

ORDERS
☐ Emerg Panel ☐ LIPASE ☐ Coma Panel
☐ TROP ☐ Hepatic Panel ☐ Group & Screen
☐ INR ☐ BHCG ☐ BC
☐ D-Dimer ☐ RU
☐ EKG ☐ UC ☐ Urine Dip
☐ CXR ☐ ABD x 3 ☐ Urine BHCG (Qual)
☐ CXRP ☐ CSpine ☐ Glucometer
☐ HIV ☐ Old Chart

HYS Assess
Time
135

7+ month old presents 2 mom
She's concerned re possibility of inappropriate
sexual contact that may have happened
during visitation time to boy 12-2 & father

Forensic swabs
collected
urine drug
screen
collected
sent to lab
done

OLE

Mom noticed a dark black hair just outside diaper
Child seemed out of sorts, lethargic
Mom also noticed anal irritation and dilation
looks well smiling
Breast feeding OK HEENT ✓
CVS/RESP/NEURO ✓

Sexual Assault RN
consult re exam
& collections

Mom interacts well & child - nursing
Diaper area opened by mom
No touch look - perianal mild irritation
genitals look normal
Indiscussion & mom - proceed & Sexual Assault RN

Admission
Transfer
Admit time:
responded 1705

REASSESSMENT Notify Ministry 1-800-663-9172
Jen 1800-1800
took details

FINAL DIAGNOSIS
Concern re Inappropriate Sexual Contact by Caregiver/Visitation
ICD 10 CODE Disposition Time:

PHYSICIAN SIGNATURE
g. wiedrick WIEDRICK

MODE: ☐ AIR ☐ HART ☐ GROUND ☐ COMBINED (AIR/GROUND)
☐ DISCHARGE
INSTRUCTIONS ON DISCHARGE
Mom went police notified
Swains.
ver them
1830 Discharge time:



MRP:
FamPhy:

Name: Smith, David Ryan
Sex: M
DOB: 03Oct2016
PHN: 9729382779
Ph: 807-355-7355
Loc: NELKLHED

Acct: KL0008668/18
MedRec: KL00107637
Adm:
Dis:
Type: DEP ED

Laboratory Summary Report

Laboratory

Date	14 MAY 2017		
Time	UNK	Reference	Units

Amphetamines	Not Detected
Barbiturates	Not Detected
Benzodiazepines	Not Detected
Cocaine	Not Detected
Cannabinoids	Not Detected
Methamphetamine	Not Detected
Methadone	Not Detected
Ecstasy MDMA	Not Detected
Opiates	Not Detected
Tricyclics	Not Detected
Oxycodone	(A)

(A) Not Detected
See also (B)

(B) This is a screening test only - the test has limited sensitivity & specificity. If confirmation is required, contact the laboratory.

For all inquiries, contact your Interior Health Laboratory at
Name: Smith, David Ryan

Acct: KL0008668/18
MedRec: KL00107637

Printed by: SHUY (PT)

Printed On: 31/07/18-1413

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If received in error contact IH Information and Security toll free at 1-855-980-5020.



Interior Health
Emergency / Outpatient Record

Bed #

Kootenay Lake Hospital

SMITH, DAVID RYAN
ACT KL0022802/18
DOB 03 OCT 2016
HCN 9729382779
MRP BARIBEAU, ANNE-MARIE L
FAM
OTH
ADM 30 JUL 2017 02:37
566 STANLEY ST
NELSON

MRN 9729382779
INS 9729382779
M 9M 27D
BCC NELKLHED
R# 807-355-7355
VIL IN2

called in
complete

CTAS
Level

ALLERGIES ☐ None Stated ☐ See ADR ☐ Unknown

MEDS ☐ See Med Rec form ☐ None ☐ Unknown

Temp 38.2 Pulse 178 Resp 55 BP SpO2 100% Weight

ORDERS

EMERGENCY PHYSICIAN

BARIBEAU

- ☐ Emerg Panel ☐ LIPASE ☐ Coma Panel
☐ TROP ☐ Hepatic Panel ☐ Group & Screen
☐ INR ☐ BHCG ☐ BC
☐ D-Dimer ☐ URU
☐ EKG ☐ UC ☐ Urine Dip
☐ CXR ☐ ABD x 3 ☐ Urine BHCG (Qual)
☐ CXRP ☐ CSpine ☐ Glucometer
☐ HIV ☐ Old Chart

IYS Assess
Time

12:50

10MO M accd by mom - SVD in KIM

fever

term
3 MTPH2W/M

feeding (D) VO ABM today numtals
he was not in any prolonged period today
(was in father) heat

7 sexual abuse suspicion (father) in baby + toddler
GNEPD / SW invid - father
visits

(MM NOT VTD)

Repeat vitals @ 0600

bw 3448

Urine bag + U/A

Urine - send for
Chlamydia / gonorrhea

newborn PERZL
many all 4 limbs =
HEART shook like a fish east / MS (D)

WS HE - 1000 stomach (D) 115 EMI

RESP (D) WAS

ABMO soft NT

very varied

☐ Patient Information Handout

☐ Emergency Visit Discharge form

REASSESSMENT

37 / 130 / 22 / 99% feeding
PERZL
- VO PNVD

☐ ADMISSION ☐ TRANSFER ☐ DISCHARGE
MODE: ☐ AIR ☐ HART ☐ GROUND ☐ COMBINED (AIR/GROUND)
INSTRUCTIONS ON DISCHARGE:
RPO if persistent fever
100 ↓ feeding 11 hours
N/V/D, weight etc.

FINAL DIAGNOSIS

fever

ICD 10 CODE

Disposition Time:

PHYSICIAN SIGNATURE

Discharge time: 1700

MRP:
FamPhy:

Name: **Smith, David Ryan**
Sex: M
DOB: 03Oct2016
PHN: 9729382779
Ph: 807-355-7355
Loc: NELKLHED

Acct: KL0022802/18
MedRec: KL00107637
Adm:
Dis:
Type: DEP ED

Laboratory Summary Report

Laboratory

Date Time	30 JUL 2017 UNK	Reference	Units
Glucose	Negative	Negative	mmol/L
Bilirubin	Negative	Negative	
Ketones	Negative	Negative	
Spec Gravity	<= 1.005	1.005-1.030	
Blood	Negative	Negative	
pH	7.0	5.0-9.0	
Protein	Negative	Negative	g/L
Urobilinogen	Normal	Normal	
Nitrites	Negative	Negative	
Leukocytes	Negative	Negative	

Microbiology Specimen Summary

Col	Date	Time	Specimen #	Source	Sp Desc	P/F	Organisms ...
30/07/17	0001	PT17:MN0014330U	Urine			F	<none>

Microbiology

Collection Date: 30/07/17

Chlamydia/GC NAAT

Final 03/08/17

Testing performed using nucleic acid amplification (NAAT) method
NEGATIVE for Chlamydia trachomatis
NEGATIVE for Neisseria gonorrhoeae

For all inquiries, contact your Interior Health Laboratory at
Name: Smith, David Ryan

Acct: KL0022802/18
MedRec: KL00107637
Printed On: 31/07/18-1413

Printed by: SHUY (PT)

CONFIDENTIAL - Please use, copy and share with authorized individuals only.
If received in error contact IH Information and Security toll free at 1-855-980-5020.

Interior Health
POCT Urinalysis Chart Report
Interior Health Laboratory Service

30/07/17
Smith, David Ryan
KL0022802/18 KL00107637 M 9m
BD 03/10/2016 HCN 9729382779
MRP Baribeau, Anne-Marie L
FAM

5

Point-of-Care TEST: Urinalysis using Multistix 10 SG Reagent Test strips

Specimen Type: Urine	Original sample <u>Urine</u>			
Performing person ID	<u>SHERIS</u>			
Specimen Collection	Date (dd/mm/yyyy) <u>July 30</u>	Time <u>0550</u>		
Specimen appearance	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Other:			
Testing	Date (dd/mm/yyyy)	Time <u>0615</u>		
TEST	read at	RESULTS (circle the appropriate choice)	Units	Reference Range
Glucose	30 sec	<u>neg</u> 5.5 14 28 55 > 111	mmol/L	Negative
Bilirubin	30 sec	<u>neg</u> small moderate large		Negative
Ketone	40 sec	<u>neg</u> 0.5 1.5 4 8 16	mmol/L	Negative
Specific Gravity	45 sec	1.000 <u>1.005</u> 1.010 1.015 1.020 1.025 1.030		1.00
Blood (Note: trace includes non-hemolyzed trace, non-hemolyzed moderate and hemolyzed trace)	60 sec	<u>neg</u> trace small moderate large		Negative
pH	60 sec	5.0 6.0 6.5 <u>7.0</u> 7.5 8.0 8.5		5.0-8.5
Protein	60 sec	<u>neg</u> trace 0.3 1.0 3.0 > 20	g/L	Negative/Tr
Urobilinogen	60 sec	<u>3.2</u> 16 33 66 131	umol/L	Up to 16 um
Nitrite (NEG, POS)	60 sec	<u>negative</u> positive		Negative
Leukocytes	1-2 min	<u>neg</u> trace small moderate large		Negative
Comments on treatment(s) that may affect results.	<u>collected from infant urine bag.</u>			

User notes:

- Use form for both patient and for external Proficiency Testing samples.
- Patient report forms must be attached to the patient's chart.
- Return Proficiency Testing sample's report forms to the Laboratory.
- Send urine to Laboratory for further testing if indicated by POCT results or requested by physician.



Interior Health Emergency/Outpatient Record

Bed #

G

Kootenay Lake Hospital

SMITH, DAVID RYAN

ACT KL0025295/18

DOB 03 OCT 2016

HCN 9729382779

MRP JOHANNSON, LINDA D

FAM

OTH

ADM 12 AUG 2017 21:09

411 WEST RICHARDS ST.

NELSON

M

INS

D

MRN

10M 9D

9729382779

BCC

NELKLHED

ED

KL00107637

10M 9D

9729382779

BCC

NELKLHED

R#

ANAL / RECTAL TRAUMA

807-355-7355

BC

V1L IN2

CTAS
Level

ALLERGIES ☐ None Stated ☐ See ADR ☐ Unknown

MEDS ☐ See Med Rec form ☐ None ☐ Unknown

Temp

Pulse

Resp

BP

SpO2

Weight

ORDERS

EMERGENCY PHYSICIAN

Johannson

- ☐ Emerg Panel ☐ LIPASE ☐ Coma Panel
☐ TROP ☐ Hepatic Panel ☐ Group & Screen
☐ INR ☐ BHCG ☐ BC
☐ D-Dimer ☐ RU ☐ Urine Dip
☐ EKG ☐ UC ☐ Urine BHCG (Qual)
☐ CXR ☐ ABD x 3 ☐ Glucometer
☐ CXRP ☐ CSpine ☐ Old Chart
☐ HIV

PHYS Assess
Time

2130

Mom brought in David for exam re
suspects father is abusing him and his elder
brother. Lawyers, ministry, social work
involved

Mom noticed anus dilated @ 1900, redness
of anal skin. Exam @ U. Large BM
today, breast fed. Behaviour @ - mom states
he was overly tired earlier.

o/b bright/active/happy. Forehead, chest,
abdo very light pink shading - not
bruised - mom states toddler is failing a lot
these days developmentally. G.U @ appearance -
penis @ unrec. Testicles @ - anus @ - & dilation
& irritation. & discharge - Baby unconcerned
i exam. Diaper @ & discharge.

☐ Patient Information Handout

☐ Emergency Visit Discharge form

REASSESSMENT

→ Hattie - MCRP after hours intake - report
given + documented - she will f/u i
mom + determine next steps.

☐ ADMISSION

☐ TRANSFER

Admit time: _____

MODE: ☐ AIR ☐ HART ☐ GROUND ☐ COMBINED (AIR/GROUND)

FINAL DIAGNOSIS

Exam for query sexual assault

☒ DISCHARGE

INSTRUCTIONS ON DISCHARGE:

- no physical findings now
- mom encouraged to proceed i
system - well connected
already

ICD 10 CODE _____

Disposition Time: _____

PHYSICIAN SIGNATURE

Discharge time: 2145



Interior Health

Emergency/Outpatient Record

This is Exhibit "H" referred to in the
affidavit of Ashley Smith Doctors Report
sworn before me this 10 day of August 2018
at Nelson, British Columbia

A Commissioner for taking

* Complete

Bed #

Kootenay Lake Hospital

SMITH, DAVID RYAN
ACT KL0022641/19
DOB 03 OCT 2016
HCN 9729382779
MRP KHOSLA, RAHUL
FAM
OTH

ED
MRN KL00107637
M 1Y 9M
INS 9729382779 BCC
NELKLHED

ADM 22 JUL 2018 13:15

807-355-7355

CTAS Level	ALLERGIES <input type="checkbox"/> None Stated <input type="checkbox"/> See ADR <input type="checkbox"/> Unknown		MEDS <input type="checkbox"/> N						
PHYS Assess Time 1339	Temp	Pulse	Resp	BP	SpO2	Pain	Glucose	MOST	Weight
EMERGENCY PHYSICIAN <u>Amber Johnson MCF</u> <u>Chad Dumais</u>							ORDERS		
<u>Dict. 11</u>							<input type="checkbox"/> Emerg Panel <input type="checkbox"/> Coma Panel <input type="checkbox"/> Cardiac Panel		
							<input type="checkbox"/> Hepatic Panel <input type="checkbox"/> Sepsis Panel <input type="checkbox"/> Trauma panel		
							<input type="checkbox"/> EKG <input type="checkbox"/> CXR <input type="checkbox"/> ABD x 1		
							<input type="checkbox"/> CSpine XR <input type="checkbox"/> CXRP <input type="checkbox"/> ABD x 2		
							<input type="checkbox"/> ABD x 3		
<input type="checkbox"/> RU +/- UC <input type="checkbox"/> Urine Dip <input type="checkbox"/> UTOX									
<input type="checkbox"/> uBHCG (qual) <input type="checkbox"/> UC									
<input type="checkbox"/> TROP <input type="checkbox"/> BNP <input type="checkbox"/> Blood Cultures									
<input type="checkbox"/> INR <input type="checkbox"/> CRP <input type="checkbox"/> BHCG (Quant)									
<input type="checkbox"/> D-Dimer <input type="checkbox"/> VBG <input type="checkbox"/> Group & Screen									
<input type="checkbox"/> Old Chart <input type="checkbox"/> MHSU ref/Overdose OE									
Admit Time									
Transfer Time									
Call to Transfer									
Depart ED									
Mode AIR HART GROUND COMBINED (AIR/GROUND)	REASSESSMENT								
FINAL DIAGNOSIS	<u>Contusion</u>				Patient Instructions <input type="checkbox"/> Emergency Visit Discharge form				
Physician Signature <u>[Signature]</u>					ICD 10 CODE _____ Disposition code (for clerical staff only) _____				

2

Name: Smith, David Ryan

MRP:

FamPhys:

PrimProv:

Age: 1Y 09M

DOB: 03/10/2016

Sex: M

Ph: 807-355-7355

Type: DEP ED

Loc: NELKLHED

ADM: 22/07/18

DIS: 22/07/18

Acct: KL0022641/19

MedRec: KL00107637

HC#: 9729382779

Attn:

Emergency Department Visit Signed

This 1-year-9-month-old infant came in with his father and 2 great-aunts, by the name of Margaret and Dorothy, today with some concerns surrounding the possibility of the use of physical force by the patient's mother. The 2 have been separated for some time. The present custody arrangement is that the father has the child on weekends, in a supervised situation. The supervision, I believe, is provided by a number of his aunts. He said there are 8 people in total who provide this supervision. The father also has visits on Tuesday and Thursday evenings, I believe.

The specific concern is that when the child was picked up at around 11 a.m. on Friday he seemed a little out of sorts emotionally. He was wearing a hat at that time, but subsequently it became apparent that he had a bruise on his right cheek. When asked about this he seemed to communicate that this was caused by his mother.

There is a secondary concern as well and that is that he was complaining of some pain in his testicle and seem to be communicating that his brother had caused this. His brother I believe is 4 or 5 years old.

We did spend quite some time talking about the situation and some of the history.

At this point I stated that my role today was to communicate the discussion with the Ministry of Children and Families and as well to perform a physical exam. I would note that the Ministry is already involved in this client's case.

To this end the child was mostly happy and running around the room. He became upset when I looked in his ears. By and large though he seemed to be behaving appropriately. Around the head and neck there was still a residual bruise present to the right cheek, just below the zygoma. No other injuries to the scalp or neck or face were identified. Examination of the back was unremarkable. There are no appreciable tender ribs. The abdomen is soft and nontender. The skin to the anterior chest and abdomen is unremarkable. The lower extremities reveal quite a few scratches and abrasions to both feet and the anterior fold of the ankle on the right side. These are superficial. There is a larger bruise superior and laterally to the right patella. This does not seem, to me, entirely necessarily consistent with falling on the knees. The thighs were unremarkable. I did examine, briefly, the perineum and did not see any abnormality there.

At this point, I had a conversation with Chad, who was at the end of the Ministry's 1-800 number. I

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*** If fax received in error call IH Information Privacy & Security toll free at 1-855-980-5020 ***

Emergency Department Visit

Name: Smith, David Ryan

Acct: KL0022641/19
MedRec: KL00107637

relayed the findings of my history and physical exam and at this point Chad also had a conversation with the father. Determination as to whether today's events impact at all whose care this child is in this evening, or going forward, is now in the hands of the Ministry and the conversation is ongoing at the time of this dictation.

Just to reiterate, the child is meant to go back to the mom at 5 p.m. today.

Rahul Khosla MD, CCFP, CCFP(EM)

Dictated by: Khosla, Rahul
Transcribed/Edited by: PERM5

Dictated Date: 22/07/18 1434
Transcribed Date: 25/07/18 1234

Copies: Khosla, Rahul
Report: 2507-0094

"This document has been produced as dictated and will NOT be available in the MyHealthPortal"

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This is Exhibit "1" referred to in the
affidavit of Ashley Smith letter from Janet
sworn before me this 10 day of August 2018
at Nelson, British Columbia

Janet Connolly Law
BARRISTER & SOLICITOR

A Commissioner for taking
Affidavits for British Columbia

601 Front Street Suite 208
Nelson, BC V1L 4B6

Ph: 250 505 7906 Fax: 888 688 1646

janet@janetconnollylaw.com

Date: July 24, 2018

File # 2018-022

Ashley Smith

via email: anonymous.enigma@hotmail.ca

Nelson, BC

RE: English v. Smith Nelson Court File #3339

Further to our appearance in Nelson Court on July 9, 2018 I confirm that my client's Notice of Motion requesting: removal of supervision for his parenting time; a hearing on his outstanding application for primary residence and that the section 211 report be considered by the court, is now set for a hearing on August 30, 2018 at 9:30 am in Nelson. This matter has been pending for some time, please be on notice that we consider this date peremptory upon you and will vigorously oppose any application for an adjournment.

You indicated that over the past year you have sought assistance from Tasha Weeks, Liz Ameral and others with respect to David Ryan Smith born October 3, 2016 (hereinafter referred to as the "Child"). I am requesting that you provide forthwith all information in respect of any counsellors, doctors, psychologists, doctors and/or support people you have been involved with over the last year. In specific, I need to know what information you provided to these professionals both orally and in writing; what time they spent with you and the Child, what documents they have produced in the course of their dealings with you. I further require copies of all documents you intend to rely on to support your position at our hearing on the 30th of August. You referenced in your comments to the Judge on July 9th that you had police reports and other documents which you held up in court. I require all of these documents forthwith. You may send them via fax, email or post.

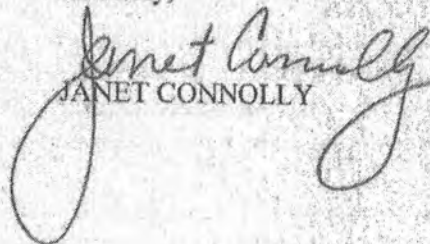
Please be advised that at the hearing on August 30th, I will be relying on all previously filed affidavits in this matter, including all the recent materials filed by the supervisors. I will also rely on the section 211 report and viva voce evidence from my client.

It has come to my attention that you recently denied my client parenting time on July 12, 13, 14 and 15. You claimed the Child was sick but we have evidence to the contrary. We remind you that there is Court Order in place outlining my client's parenting time. Nothing in the court order prevents him from exercising that time if the Child is sick. Mr. English is perfectly capable of caring for the Child if he is not well. As a result of this denial of parenting time, we are seeking makeup parenting time on the following days: August 2, 9 and 16. Because each of those dates are Thursdays and my client's regular parenting time begins on a Friday, the Child will remain with him from the Thursday until the Sunday. Please confirm by *July 31, 2018* that Mr. English or a supervisor can pick up the Child at an agreeable time on Thursday August 2, 2018.

Finally, the Child recently came to a parenting time session with my client with a bruising on his face and knees and with his hair cut in a bizarre fashion. My client was gravely concerned for the Child and sought medical advice and attention. He was advised to ask you about the situation in order to have a dialogue with you as the other parent and guardian. Your reaction was to get angry and yell at Mr. English instead of engaging and discussing the matter calmly. This is both predictable and disappointing. Please provide us with an explanation by *July 31, 2018* in respect of how this bruising occurred.

We look forward to hearing from you by July 31, 2018 in respect of the above.

Sincerely,


JANET CONNOLLY

Complaint Form

Office of the Police
Complaint Commissioner

This is Exhibit

affidavit of

sworn before me this

at Nelson, British Columbia

for taking

with Columbia

1

"referred to in the

complaint

per

10 day of

August 2016

If you wish to file a complaint concerning an officer with a municipal police department, please complete the form below. Please fill in as much information as possible and additional pages may be attached if required. If you require assistance, someone is available to help you.

What you should know:

Registered Complaints

Registered complaints are processed formally under the BC Police Act. The complaint must contain allegations of police misconduct; not be frivolous or vexatious; and the incident must have occurred within 12 months of the filing of the complaint. If the Office of the Police Complaint Commissioner determines the complaint meets this criteria, you will be entitled to various rights under the Police Act, including:

- Participating in a mediation session or informal resolution
- Being kept informed of the progress of the investigation
- Receiving a final investigation report
- Given the opportunity to make submissions on the complaint, adequacy of the investigation, and what you feel are appropriate disciplinary or corrective measures
- If not satisfied with the outcome, the ability to appeal the decision

Service or Policy Complaints

Complaints about the policies or the services of a police organization are the responsibility of the department's police board. The board must advise the OPCC and the complainant of how the complaint was handled; including what course of action, if any, was taken and must provide a summary of the results of any investigation or study.

The Police Complaint Commissioner cannot require a board to take any particular course of action regarding a Service or Policy complaint, but may make recommendations to the Board.

If you would like further information about the Police Act complaint process please visit the OPCC website at www.opcc.bc.ca or call 1-877-999-8707.

Registered Complaint ☒

Service or Policy Complaint ☐

Your Details:

* Indicates this information is required in order to process your complaint. Please be as precise as possible.

Last Name: * Smith First Name: * Ashley Title (eg. Mr): Miss

Mailing Address (or where you'd like to be contacted): 505 W. Brasley St Apt 302 Date of Birth: 1985/04/26

Nelson, BC Home telephone: 250 352 7200

V1L 5X3 Work telephone: _____

Email Address: _____ Cell phone: 607 355 7355

* You must provide at least 1 way in which we can contact you *

Details of the Complaint:

When did the incident happen? * 2016/07/27 Time it occurred? * approx 11:00am + 6:00pm

Where did the incident happen? * police station and my home

Name of the Police Department involved: * Nelson Police Police File # (if known): _____

Name or badge number of Officer(s) - if known: Chris Duncan and female officer at my home

Were there any witnesses? If so, please list their names and contact information (if known): David Barron at my house 250 352 7200

Describe your injuries (if any): _____

If you received treatment for your injuries: _____

Where? _____

When? _____

www.opcc.bc.ca

Office of the Police Complaint Commissioner

1 877-999-8707

Description of Complaint

Please describe your complaint and the details of what occurred. If required, you may attach additional pages:

on July 26 my youngest saw his father from 5-7pm on pick up he was dispendent, not talking, not making eye contact. Woke up many times in the night complaining that his penis hurt as well as his feet. In the morning I checked his penis and found it had been torn in 3 different spots. (21 months old) Brought him to doctor, doctor agreed there is no way he could have done this on his own. I immediately went to the police station to report approx 11 pm

Side note had reported segrate incident on mother's day May 14 2017, where after visit with father my son (approx 8 months) was un responsive and his anus was dialating. Reports given by me and transition home worker
File # 2017-4287

Det Duncan spoke to me and told me there wasnt funding for this type of investigation (too lengthy) and that it wasnt his jurisdiction and advised me to go to the RCMP. He also said he was going to go to the hospital to speak to the doctor who saw my son. During our talk he also asked me if I still wanted to go home and advised to go to family court (which I have been).

Page 1 of 5


Signature of Complainant

July 28, 2018
Date signed

The completed form may be submitted to any municipal police department or submitted directly to:

The Office of the Police Complaint Commissioner
5th Floor, 947 Fort Street, PO Box 9895 Stn Prov Govt, Victoria, BC V8W 9T8
Tel: 250 356-7458 Fax: 250 356-6503 Website: www.opcc.bc.ca

A wide variety of support groups are available to assist you with the complaint process. For help finding the right support group for your needs, please call our office at 1 877-999-8707 and ask for the Support Group Co-ordinator. A complete list of support groups is also available on our website.

To be completed by the person receiving this complaint:

I hereby acknowledge receipt of the above-noted complaint.

Received on _____ at _____
(Date) (Time)

(Print name of person receiving complaint)

Agency receiving complaint:

How was the complaint received? In person ☐ By mail ☐ By phone ☐ By webmail ☐ On Line ☐

If received orally, contents of complaint read back to Complainant? Yes ☐ No ☐

Copy of complaint acknowledging receipt provided to Complainant? Yes ☐ No ☐

Forwarded to OPCC: ☐ Date sent: _____

I then went to the RCMP, left info with reception and was advised I would receive a call. I went home and received the call shortly after. I do not have his name but am filling a FOA. July 27th approx 12:00, call was 12:45. I spoke to the man gave report and told him what Duncan had told me, that there was a lack of funding, a possible jurisdiction issue and he advised me to talk to that office. I also shared with him that the father had told me in our relationship that he knew of crooked cop in the Nelson department. This information had also been shared with a lawyer back in April of 2017 Zobel, when I was ordered back to BC on a jurisdiction issue and Andrew (the father) had requested I report to that detachment. He told me he would look into it but because the incident happened in Nelson it fell on that department.

Det Duncan called around 5:00 pm and advised that he needed to come to my house to check on the safety of my children. I agreed, he showed up at about 5:45 with a uniformed female officer. I asked if I

could record the conversation. He agreed and I turned on the camera on my phone. He then proceeded to deny everything he had told me earlier. Accused me of telling the RCMP that he was on the pay roll. Advised me that there was no proof that Andrew did this. I repeated what he said to me and what I told the RCMP and he adamantly accused me of implicating him. He then got in my face as I was sitting down to tell me to stop inquiring and allow the family courts to make a determination. I got up, got my phone from the table and sat back down. I asked him to move back as the intimidation was unnecessary and uncalled for. The female police was behind in the hallway with her hand very close to her gun and my children and partner were in the room as well. He advised me there is a police man in Salmo in charge of the investigation and to just worry about my children. Which I was by reporting the offence in the first place. He said from here on out I

could not record any conversations and they would be in his office and I would have to submit a FOA. I have this conversation in its entirety on audio, there is more and I have yet to review it due to time constraints but am happy to provide it.

Spoke to officer ~~at~~ RCMP at 10:12 July 28th. I inquired if he had told Det. Duncan that I had said he was on the pay roll to which he replied no but he did share the information about what Andrew had said about knowing crooked cops. He also advised me of a ongoing investigation about the possible abuse of my sons with the Salmo RCMP.

Aug 1st

What Duncan told me and the RCMP officer is that he was liaising with a officer ~~at~~ of Salmo to collect evidence for the crown but that the officer in Salmo was in charge of the investigation.

I was advised yesterday by Krista at community services that Duncan is in charge of the investigation and making it available to the crown.

I am concerned that what I was told initially was not true, and then what I was told the RCMP had said that I said was also not true, as well as what I was told about how the investigation was being handled was also not true.

My Complaint is towards Duncan and not the RCMP as they only provided me the information that he had shared with them.

August 2, 2018

Ms. Ashley Smith
#302 - 505 West Beasley Street
Nelson, BC V1L 5X3

Dear Ms. Smith:

Re: Complaint regarding the Nelson Police Department
OPCC File No. 2018-15075

The Office of the Police Complaint Commissioner received your registered complaint regarding the Nelson Police Department on August 1, 2018.

The first step in the complaint process is for our office to review your complaint and determine whether it is admissible under the *Police Act*. In order for your complaint or a part of the complaint to be admissible under the legislation, the complaint must:

- ✓ Describe conduct by a member that would, if substantiated, constitute misconduct as defined by the Act;
- ✓ Be submitted within 12 months of the date of the incident referred to; and
- ✓ Not contain frivolous or vexatious allegations.

Should we require further information to assist us in making a decision on admissibility, an analyst with our office will contact you. You will be informed of our decision shortly.

Further, should your complaint be determined to be admissible and identified as appropriate for informal resolution or mediation, the assigned analyst will contact you to discuss this option in greater detail.

Thank you,

Intake Services
Office of the Police Complaint Commissioner

This section must be sworn or affirmed before a Commissioner for Taking Affidavits.

In the Provincial Court of British Columbia

I swear or affirm that I

NAME _____ OCCUPATION _____
 personally served _____ "referred to in the
 NAME OF PERSON SERVED Ashley Smith wrong

on _____ at _____ sworn before me this 10 day of August, 2019
DATE ADDRESS at Nelson, British Columbia

with a copy of the following documents:

the application respecting existing orders or agreements on the back of this page

EXHIBIT " " A Commissioner for taking Affidavits for British Columbia

EXHIBIT " "

EXHIBIT " "

EXHIBIT " "

blank reply form

blank financial statement form

The party was identified to me in this manner:

- ☐ I know the person _____
- ☐ He/she admitted to being this person.
- ☐ Other (specify) _____

Sworn or affirmed before me
at British Columbia

DATE _____ Signature _____

A Commissioner for Taking Affidavits for British Columbia

Complete this affidavit if you served the application by mail, by fax, e-Mail or by substituted service.

You may use one of these methods only if a judge has granted permission to do so.

If you served the application on the back of this page together with another document(s), you need to complete only one affidavit of service, listing all documents served on the person named.

Check appropriate box(es) for each document served and name the document. Make sure you mark each attached document with the correct Exhibit letter.

If you must make a correction, or cross anything out, please initial.

This section must
be sworn or affirmed
before a Commissioner
or Taking Affidavits.

AFFIDAVIT OF SERVICE (FORM 13)

In the Provincial Court of British Columbia

I swear or affirm that I Dorothy English Environmental Technician

of 8465 BUSK ST BALFOUR BC served by ASHLEY JEAN SMITH
ADDRESS NAME OF PERSON SERVED

on AUG 3, 2018 at anonymous.enigma@hotmail.com

with a copy of the following documents:

the application respecting existing orders or agreements on the back of this page

<input checked="" type="checkbox"/>	EXHIBIT "19E. NOTICE OF MOTION AUG 2, 2018"
<input checked="" type="checkbox"/>	EXHIBIT "19E. AFFIDAVIT AUG 2, 2018"
<input type="checkbox"/>	EXHIBIT " "
<input type="checkbox"/>	EXHIBIT " "
<input type="checkbox"/>	blank reply form
<input type="checkbox"/>	blank financial statement form

The party was served in this manner:

- ☐ Fax (attach a copy of Form 10)
☐ Mail
☒ E-Mail
☐ By substituted service as ordered by the court.

Sworn or affirmed before me
at Nelson British Columbia
DATE

on 03 A-911E 017

A Commissioner for Taking Affidavits
for the Province of British Columbia.

A Commissioner for Taking Affidavits for British Columbia

My Commission expires 31/12/2020

NELSON
AUG - 3 2007
REGISTRY

Alorothy English
Signature



AFFIDAVIT

Court File Number: 3339
Court Location: Nelson
F.M.E.P. No:

In the Provincial Court of British Columbia

IN THE CASE BETWEEN:

ANDREW CROFTON ENGLISH

APPLICANT

AND

ASHLEY JEAN SMITH

RESPONDENT

I, Ashley Jean Smith a homemaker of Nelson, British Columbia, affirm that:

Last time I was in court, the judge asked how do I know my children have been abused and why do I suspect it was Mr. English? I feel it is important to detail how I have drawn that conclusion.

Firstly, my relationship with Mr. English happened very quickly. Soon after meeting him, he was fertilizing my plants, bringing me coffee, and spending lots of time at my place. He seemed genuinely interested in my son and I wanted nothing more than for James to have a father. Initially, he seemed interested in me sexually, but would consistently attempt to play with my anus, despite my very clear instruction that I was not interested. A verbal "no" only seemed to have him try harder and get more excited. On multiple occasions I would have to physically move away to have my voice heard. He was also persistent towards me watching pornography with him; something that I was not interested in.

Very early on in the relationship, Mr. English offered to watch James so that I could go out; never offered to take me out, but wanted me to leave him alone with James. He lived with us off and on for about a year before moving in permanently. He would disappear for days on end without me having the ability to contact him. Upon return, he would be attentive and affectionate with me for a day or two before returning to ignoring and intentionally degrading me.

I also paid all of the bills in the house and, while pregnant with our child, was reduced to begging Mr. English to purchase food and contribute to the household, as I could no longer afford to feed him. I even paid his car insurance three times, three months a piece (\$160 each) and bought a new rad for his car (\$200). See Exhibit 1 for details of abuse

There are several incidents that stick out to me with significant suspicions which I was unable to see at the time:

Part way into my pregnancy, Mr. English started sleeping almost entirely in my son's room, moving James from his single bed into Mr. English's bed. It was around this time that James' behaviour and general disposition started to suffer greatly.

I woke up once and Mr. English already had James in the bath. I came in to take over, as James was very upset. He had something clear stuck to his upper leg which was very hard to remove.

Once, upon feeling the need to check up on them, Mr. English jumped out of bed wearing nothing but his underwear and stood facing away from me for some time before turning around. James was just wearing a diaper and also seemed startled from my appearance.

There was also an incident where James was in the hallway with a stuffed bunny. He laid it down, spread its legs open and started rubbing it in the middle. Mr. English then looked at me with a nervous smirk and quickly started talking about something completely unrelated.

Approximately six weeks after David was born, due to Mr. English's neglect and lack of involvement with the trials I was going through, I reached out for the only comfort available to me from Mr. English which was sexual. Not far in, I realized it was much more painful than I could endure. I asked Mr. English to stop, exclaiming how much it hurt. Not only did he not stop, but he became much more aggressive at which point I just shut down. It was clear my wanting him to stop and explaining my pain only excited him more and he was determined to continue.

Behaviour experienced by James before David was born:

He lost nearly all language (reduced to "wa" for water, "up", and "down"). He did not want to be bathed, did not want to be changed (diaper or clothes), and bedtime grew increasingly difficult. Mr. English had also taught him to hold his own feet when changing him. James would watch other children and become demure; no smiling or laughing. He did not want to be touched. He hid for poops and grunted as well as became scared of loud sounds (cars, vacuums, planes, etc.). He also started having nightmares and intentionally urinating on Mr. English's bed (taking off his diaper to pee on the side). He became very clumsy and risky (not looking, jumping off the couch, running out into the street). James also became extremely violent; smashing his head off the floor and doors, smashing his fists on the doors, and also started hitting me. He would also expose himself, on our deck, to people driving by. Upon confronting Mr. English about the cause, I was told it was possible that James witnessed pornography on Mr. English's phone while in the bed with him. Mr. English denied saying this to both the Police and the Ministry. See Carmen Carters Affidavit on file. See Exhibit A pages 1-3 for Cathy Swanstons letter and letters from outside parties who witnessed odd behaviour.

Behaviours witnessed after advising Mr. English that he could no longer stay with us due to the lack of honesty regarding the situation:

James would insert fingers into his bum and would put toys down his throat until gagging

or forcing himself to throw up. He moved into my bed. Bed time would begin around seven or eight o'clock and he would be up until one or two o'clock, raging and terrified. He would rub his feet into my crotch over and over again, roll over, put a hand down his diaper or point and say "bum", wanting me to touch it. He would also back up and rub it into me. About six weeks later, his language had mostly returned (100 plus words), the head smashing had stopped, I could hug him, and he smiled and laughed a lot more. Intentional bed wetting also stopped. During this time, I witnessed him getting on top of a stuffy and humping it. He also attempted to put his thumb into his brother's bum while I was changing David.

I left as it was made clear to me that Mr. English would not be supervised during visits and I could not obtain help for James. No therapist would see him before three years old. Upon return, there was a few occasions where James either briefly saw Mr. English or heard his voice during exchanges with his brother. Those times resulted in regressions of behaviour including, but not limited to, being terrified of loud car sounds, too afraid to sleep, putting fingers into his anus, and putting toys so far into his mouth he would throw up.

I have outlined these things due to the similarities I am now experiencing with David since Mr. English was granted access. Here are some specific incidences followed by general behaviour changes:

Included are references to the Ministry's hand book on what to look for in abuse situations, Exhibit A pages 13 - 15 as well as recommended reading from the Vancouver Children's Hospital website regarding sexual abuse, pages 16 -24.

On Mothers Day, May 14, 2017, at eight months old, after a four hour visit with Mr. English allegedly under the supervision of Nathan Wilson, David was returned to me unresponsive. I took him straight home (a two minute walk to the transition house) where he was not waking. Both a worker there and I became more and more concerned as neither a cold cloth or moving him around would wake him. Upon inspection of his diaper, a large black hair was found in between his onesie and the diaper and his anus was dilating. As soon as I touched his bum, he woke up screaming. Between then and leaving the hospital, he threw up six times. Reports were made to the Police. See Exhibit G, pages 1 and 2.

July 29th 2017 David was returned to me very hot, there was no other signs of sickness but his temperate would continuously rise, this went on for many days. Tylenol and skin to skin were the only things that could bring his temperature down, I believe David was in fact suffering from heat stroke. See Exhibit G, pages 3 - 5.

Aug 12, 2017 David was returned to me withdrawn again, he was making gasping noises and grabbing his penis through his diaper also had white discharge on his anus and was very red and dilating again. He was also kissing on the lips a lot. See Exhibit G page 6.

Oct 29, 2017 Incident where Mr. English and his aunt refused to return David until I told them where I lived. I was forced to call the police. See Exhibit 2 for the police report.

January 18, 2018 Mr. English walks past my other son's daycare without a supervisor no

more than 10 minutes after picking up David with his sister. [See Video Exhibit 1]

March 29, 2018 Supervisor Laura verbally assaults me while not actively supervising visit.
[See Video Exhibit 2]

April 19, 2018 Mr. English yells that I am "fucking psycho looking" at me behind my back as I am walking away with our son. [See Video Exhibit 3]

July 22, 2018 Mr. English took David to the hospital at 11 am on Sunday with claims that I had physically abused him and his brother had as well. I do not understand if this was a concern why did he take him to the hospital 48 hours after picking him up from my place. It is my belief that anything Mr. English had concerns for happened in his care in the 2 days leading up to the report. Mr. English then was very upset about his hair cut and demanded answers about various marks on his body. See letter from Mrs. Connolly, Exhibit I. and see Exhibit H the hospital report.

July 27, 2018 After a 2 hour visit with Mr. English David is once again very despondent, not making eye contact and seems distressed. Upon bath time he becomes excessively upset to the point I choose not to bathe him, then many times threw out the night David wakes screaming and complaining that his penis hurts. First thing in the morning I look to see what the issue is and it would appear his foreskin is ripped or heavily a braised in 3 different locations. See Exhibit F for the doctor's report.

David was a very happy, easygoing baby. Routinely, upon return, he has limited language, is very aggressive and self abusive. He sleeps with his eyes partially open and wakes frequently during the night (six to twelve times). He protests diaper and clothes changes and will not sit in the bath. He can be very despondent; not making eye contact, smiling, nor responding to his name. He also regresses in confidence. He screams frequently and demands to be held excessively. He also has shown concerning behaviour around breastfeeding (moving his head and hand up and down on the breast, rubbing his feet into my crotch, and pulling my pants down when requesting the breast). Often, but not always, during the initial diaper changes home he will scream, gasp, pull away with a very red anus which is, on some occasions, enlarged and dilating. He is also often returned covered in food, with full diapers, sometimes with very dirty feet under his socks, and smelling musty. It is not uncommon for him to have blisters on his lips and new bruising or scratches on his body, particularly on his legs, feet and arms. It is also not uncommon for David to return home sick or sicker than he left which is why I have chosen to keep him home on the breast when feeling under the weather.

At the time of writing this David has been home for just over a week and a half, he has 50 plus words and is trying more daily, he is sleeping most nights almost completely threw, he is playing much better with his brother, calmly and with much imaginary play as well as smiling and laughing much more. He is also playing with the neighbour kids better, not just staring and watching and being fearful but taking part. Diaper changes see almost no issues as well as bath time, and its getting better by the day. See Exhibit C, pages 1 -20 for Infant development reports as well as Exhibit A, pages 4 -12 for a cross section of my daily notes, and Exhibit 3 which is a eye exam showing the clumsiness is not related to eye sight.

In conclusion, I have very serious concerns regarding David being in Mr. English's care. Mr. English has shown himself to me to be a sexual deviant who is incapable of control. Also, due to Mr. English's extended history of drug use of which I am aware:

Mr. English told me he no longer uses cocaine due to potential heart attacks. He spent a week in bed after Shambhala due to excessive ketamine use. He also kept bottles full of water mixed with GHB (he said it was "a great muscle relaxant"). He is always smoking large amounts of marijuana.

Mr. English was given the opportunity to meet with Kathrine an infant attachment specialist at the ministry as well as Tashia Weeks back in the end of October 2017. He has yet to do so. See Exhibit 4 for text message to Mr. English from Nov. 2, 2017.

I have been working with many professionals regarding these difficulties as well as obtaining support for myself and the family and am including letters. See Exhibit D for letters from professionals.

David is still a breastfed baby and I have included a report from HealthLinkBC regarding the importance of breastfeeding to all areas of a child's development and its recommendations for continuation.

Sworn or affirmed before me

at

Nelson

British Columbia

Date

Aug. 10/18

on

Spalik

SARAH PALIK

Justice of the Peace in and for
The Province of British Columbia

Signature

Ashley Smith

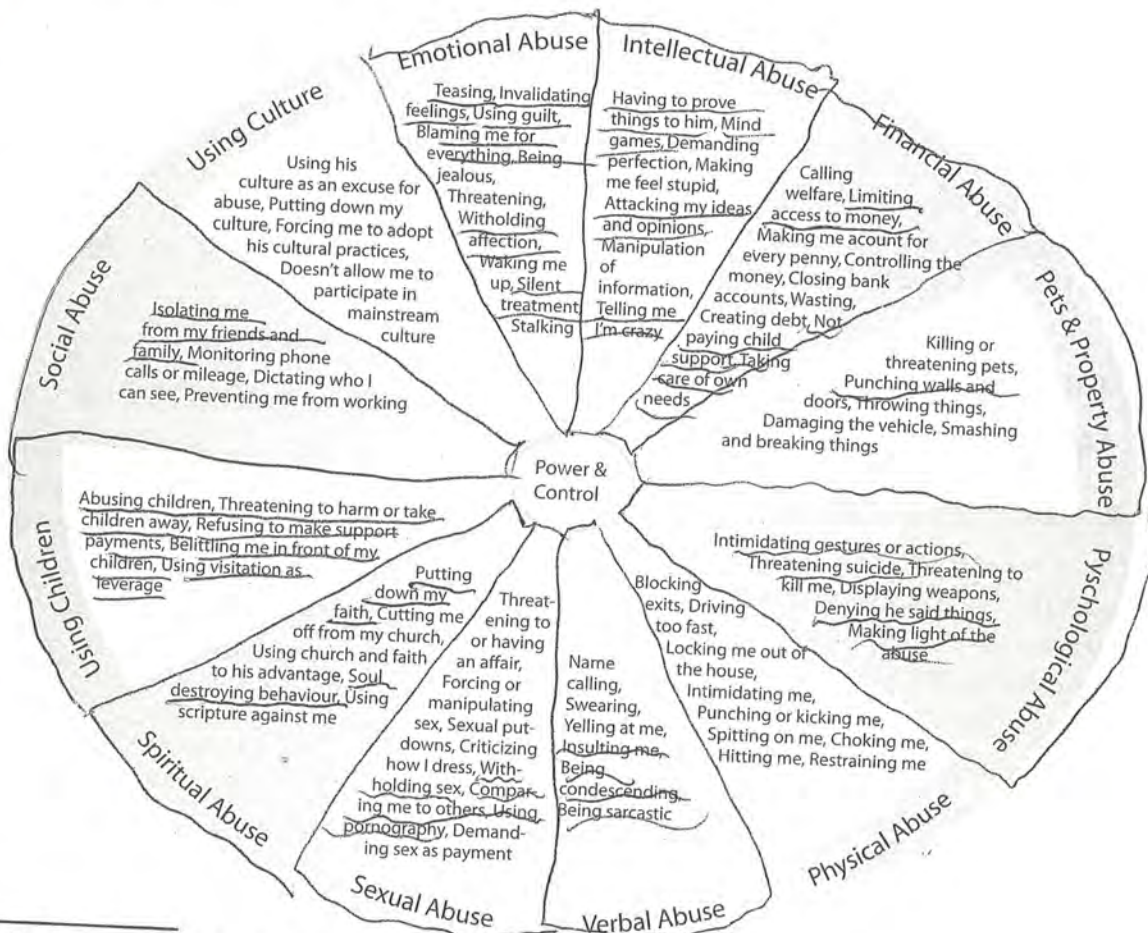
is Exhibit " 2 "referred to in the
 Affidavit of Ashley Smith abuse details
 before me this 10 day of August, 2016
 on, British Columbia

Spink
 A Commissioner for taking
 Affidavits for British Columbia

What is the Power and Control Wheel?

In order to examine the types of abuse, we will use something called the Power and Control Wheel.¹ The Wheel is divided into sections. Each section is given a heading of a category of abuse. Examples of that category are listed inside the wheel. We call these different examples of abuse the types or "tactics" of that category. At the centre of the wheel is written "Power and Control." This indicates that all tactics of abuse are used to maintain power and control in the relationship. No matter what tactics your partner uses, the effect is to control and intimidate you or to make you feel that you do not have an equal voice in the relationship.

Diagram 4.1 Power and Control Wheel



¹ The Power and Control wheel was originally developed by the Domestic Abuse Intervention Project in Duluth, Minnesota. Our wheel is adapted from the original with permission.

What a

It is difficult to describe the experience of abuse. A person who has experienced abuse below. Each person's experience is unique. We invite you to share your own experience. You may want to write about another. You may want to write about a unique experience.

Psychology

Any act that

- ☒ telling
- ☒ giving
- ☒ manipulating
- ☒ playing
- ☒ wearing
- ☒ watching
- ☒ stalking
- ☒ distorting
- ☒ bringing
- ☒ deflecting
- ☒ using information
- ☒ rewriting
- ☒ intimidating and claiming

What are the types of abuse?

It is difficult with one small Power and Control Wheel to list all the different types of abuse. A more complete list that summarizes many women's experiences is provided below. Each section begins with a brief description of the category of abuse.

We invite you to look down these lists and check off any kind of abuse you feel you have experienced. You may find that you check off more under one category than another. You may also find that you do not check off anything in some categories. You may want to add to this list from your own experience. Each woman's experience is unique.

Psychological/Mental Abuse

Any act intended to undermine your mental well-being.

- | | |
|--|--|
| <input checked="" type="checkbox"/> telling me I'm crazy | <input checked="" type="checkbox"/> putting on a good show to win others to his side |
| <input checked="" type="checkbox"/> giving me the silent treatment | <input checked="" type="checkbox"/> giving me glaring looks |
| <input checked="" type="checkbox"/> manipulating me | <input checked="" type="checkbox"/> making me prove things to him |
| <input checked="" type="checkbox"/> playing mind games | <input type="checkbox"/> demanding perfection |
| <input checked="" type="checkbox"/> wearing down my instincts | <input checked="" type="checkbox"/> changing the rules |
| <input checked="" type="checkbox"/> watching | <input checked="" type="checkbox"/> <u>gaslighting</u> |
| <input checked="" type="checkbox"/> stalking | <input checked="" type="checkbox"/> <u>blaming</u> |
| <input checked="" type="checkbox"/> distorting reality | <input checked="" type="checkbox"/> <u>using known triggers to get a reaction</u> |
| <input checked="" type="checkbox"/> bringing up the past to deflect the issue at hand | |
| <input checked="" type="checkbox"/> using information against me | |
| <input checked="" type="checkbox"/> rewriting history | |
| <input checked="" type="checkbox"/> intimidating or threatening me and claiming he's "just joking" | |

Physical/Threat of Physical Abuse

Any unwanted physical contact or threat of physical contact.

- | | |
|--|---|
| <input checked="" type="checkbox"/> making threatening gestures | <input type="checkbox"/> biting or pinching |
| <input type="checkbox"/> driving recklessly | <input type="checkbox"/> kicking |
| <input type="checkbox"/> throwing things at me or near me | <input type="checkbox"/> grabbing or shaking |
| <input type="checkbox"/> restraining me | <input type="checkbox"/> locking me out of the house |
| <input type="checkbox"/> blocking my exit from the room | <input type="checkbox"/> threatening to kill me |
| <input type="checkbox"/> pushing, shoving, hitting, slapping, punching | <input checked="" type="checkbox"/> hitting walls right beside me |
| <input type="checkbox"/> using weapons to threaten me or the children | <input checked="" type="checkbox"/> not taking no (sexually) |
| <input type="checkbox"/> spitting | <input type="checkbox"/> |
| <input type="checkbox"/> choking | <input type="checkbox"/> |
| <input type="checkbox"/> pulling my hair | <input type="checkbox"/> |

Verbal Abuse

Any use of words or volume of voice to threaten, belittle or injure you.

- | | |
|--|---|
| <input checked="" type="checkbox"/> yelling or screaming | <input checked="" type="checkbox"/> being condescending |
| <input checked="" type="checkbox"/> name calling | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> putting me down | <input type="checkbox"/> |
| <input type="checkbox"/> swearing | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> using "sarcasm" & hurtful "jokes" | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> saying "you always..." or "you never..." | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> blaming me | <input type="checkbox"/> |

Sexual Abuse

Any unwanted sexual contact or threat of sexual contact.

- ☐ ridiculing me
- ☐ using my past experience against me
- ☒ insisting on sex
- ☐ having or threatening sex
- ☒ coercing sex or harassment
- ☐ forcing sex (rape)
- ☒ criticizing how sexy or not sexy I am
- ☐ telling me I'm not sexy

Spiritual Abuse

Any word or action to threaten, belittle or injure you.

- ☐ using religious beliefs to control me
- ☒ attacking my faith
- ☐ using scripture to control me
- ☐ isolating me from my faith community
- ☒ destroying my faith

Sexual Abuse

Any unwanted sexual contact.

- | | |
|---|---|
| <input type="checkbox"/> ridiculing me for saying "no" | <input type="checkbox"/> telling me I'm fat and undesirable |
| <input type="checkbox"/> using my past sexual experience against me | <input type="checkbox"/> putting me down sexually (e.g., calling me whore, slut, frigid, prude, etc.) |
| <input checked="" type="checkbox"/> insisting on using pornography | <input type="checkbox"/> demanding sex as payment |
| <input type="checkbox"/> having or threatening to have an affair | <input checked="" type="checkbox"/> talking to others about our sex life |
| <input checked="" type="checkbox"/> coercing sex by guilt, harassment or threats | <input checked="" type="checkbox"/> <u>liking while I was in pain and saying no</u> |
| <input type="checkbox"/> forcing sex (rape) | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> criticizing how I dress (too sexy or not sexy enough) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> telling me I'm not "good enough" | <input type="checkbox"/> _____ |

Spiritual Abuse

Any word or action that damages you spiritually.

- | | |
|---|--------------------------------|
| <input type="checkbox"/> using religious authority against me | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> attacking my beliefs | <input type="checkbox"/> _____ |
| <input type="checkbox"/> using scripture against me | <input type="checkbox"/> _____ |
| <input type="checkbox"/> isolating me from my religious community | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> destroying my soul | <input type="checkbox"/> _____ |

Children

Any attempt to cut you off from sources of support and care.

- ☒ belittling me in front of children
- ☒ using children to his advantage
- ☒ threatening to take children from me
- ☒ fighting me for custody of the children
- ☒ not paying child support
- ☒ telling me I'm a terrible mother
- ☒ abusing the children
- ☐ threatening to harm the children

☒ using visitation to harass me

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

Social Abuse

Any attempt to cut you off from sources of support and care.

- ☒ isolating me
- ☒ cutting me off from friends
- ☐ embarrassing me in front of others
- ☐ controlling who I spend time with
- ☐ refusing to spend time with the family
- ☐ being jealous
- ☒ criticizing family members and friends so I stop seeing them
- ☐ monitoring phone calls

☐ monitoring car mileage

☐ preventing me from working

☐ _____

☐ _____

☐ _____

☐ _____

Cultural Abuse

Any use of culture

- ☐ using culture abusive beh
- ☐ putting down
- ☐ forcing me to
- ☐ speaking his
- ☒ using extend
- ☐ refusing to al mainstream

Emotional Abuse

Any act intended

- ☒ teasing
- ☒ trying to tell r
- ☒ putting me ir
- ☒ using a threac
- ☐ being jealous
- ☒ intimidating r
- ☒ changing me from calm to
- ☒ giving mixed (e.g., love ar
- ☒ behaving un
- ☒ making me fr
- ☒ being compo

Cultural Abuse

Any use of cultural ideas as a way to dominate you.

- | | |
|---|--------------------------------|
| <input type="checkbox"/> using culture to legitimize abusive behaviour | <input type="checkbox"/> _____ |
| <input type="checkbox"/> putting down my culture | <input type="checkbox"/> _____ |
| <input type="checkbox"/> forcing me to adopt his cultural practices | <input type="checkbox"/> _____ |
| <input type="checkbox"/> speaking his language to exclude me | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> using extended family to oppress me | <input type="checkbox"/> _____ |
| <input type="checkbox"/> refusing to allow me to learn mainstream culture | <input type="checkbox"/> _____ |

Emotional Abuse

Any act intended to undermine your emotional well-being.

- | | |
|--|---|
| <input checked="" type="checkbox"/> teasing | <input checked="" type="checkbox"/> invalidating my feelings |
| <input checked="" type="checkbox"/> trying to tell me how to feel | <input checked="" type="checkbox"/> blaming me for everything |
| <input checked="" type="checkbox"/> putting me in a "no win" situation | <input checked="" type="checkbox"/> withholding affection |
| <input checked="" type="checkbox"/> using a threatening tone of voice | <input type="checkbox"/> waking me up |
| <input type="checkbox"/> being jealous | <input checked="" type="checkbox"/> threatening suicide |
| <input checked="" type="checkbox"/> intimidating me | <input checked="" type="checkbox"/> making light of the abuse |
| <input checked="" type="checkbox"/> changing mood quickly (e.g., from calm to anger) | <input checked="" type="checkbox"/> withdrawing emotionally |
| <input checked="" type="checkbox"/> giving mixed messages (e.g., love and hate) | <input type="checkbox"/> telling me im historical for crying. |
| <input checked="" type="checkbox"/> behaving unpredictably | <input type="checkbox"/> not allowing me to express myself- |
| <input checked="" type="checkbox"/> making me feel guilty | <input type="checkbox"/> everything was wrong |
| <input checked="" type="checkbox"/> being competitive | |

Intellectual Abuse

Any act intended to make you question your intellectual ability.

- ☐ making me look stupid
- ☒ claiming superior intelligence
- ☐ correcting my grammar
- ☒ confusing me
- ☐ belittling my intellectual ability
- ☐ not letting me finish my sentences

- ☐ showing off his higher education
- ☐ _____
- ☐ _____
- ☐ _____

Financial Abuse

Any intentional act that deprives you (or your children) of financial security or limits your access to financial decision making.

- ☐ making me account for every cent
- ☐ making me justify every purchase
- ☒ withholding financial information
- ☒ hiding money from me
- ☒ limiting my access to money
- ☐ closing out joint bank accounts without my consent
- ☒ spending money needed for the household on himself (or gambling it away)
- ☐ belittling my financial contributions to the household
- ☐ threatening to take all the money if I should separate

- ☒ spending money carelessly
- ☒ making me beg for money
- ☐ forcing me to commit welfare fraud
- ☐ threatening to call welfare
- ☒ leaving me with the burden of paying bills when there's not enough money
- ☒ making financial decisions without me
- ☒ not paying child support
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

- ☐ running up
- ☐ forcing me

Abuse of Pets

Hurting pets or

- ☐ threatenin
- ☒ punching
- ☐ killing pets
- ☐ throwing th
- ☐ damaging
- ☐ smashing th

What is his

It's important h
may have disc
these behaviou
illustrate our poi
We've said that
some considera
accidentally is c
step on someor
or her. The phys
you set your foo
Similarly, in an at
your exit from a
point of view, b
You are simply tr
physically or em
over your partne

- ☐ running up bills
- ☐ forcing me to ask for a raise at work



4

Abuse of Pets and Property

Hurting pets or damaging property in order to intimidate, control and hurt you.

- ☐ threatening to hurt pets
- ☒ punching walls and doors
- ☐ killing pets
- ☐ throwing things
- ☐ damaging the vehicle
- ☐ smashing things

- ☐ breaking treasured items



What is his motive?

It's important here to say a word about motives. As you looked down these lists, you may have discovered behaviours that you have resorted to yourself. Please look at these behaviours within the context of your motives. Let's take an obvious example to illustrate our point.

We've said that physical abuse is any form of unwanted physical touch. However, without some consideration of motives, this definition suggests that stepping on someone's toe accidentally is a form of abuse. It is, after all, unwanted physical contact. Yet, if you step on someone's toe accidentally, your motive is not to control or to intimidate him or her. The physical contact is accidental; his or her toe just happened to be where you set your foot down.

Similarly, in an attempt to get away from your partner who is yelling at you and blocking your exit from a room, you may push him. This is unwanted physical contact from his point of view, but it is not your intention to control him or to have power over him. You are simply trying to remove yourself from a situation that is not safe for you, either physically or emotionally. Your motive is self-protection, not gaining power and control over your partner.



Nelson Police Department

606 Stanley Street
Nelson BC V1L 1N4
Office: (250) 354-3919

This is Exhibit " 2 " referred to in the
affidavit of Ashley Smith Police Report
sworn before me this 10 day of August 2018
at Nelson, British Columbia

A Commissioner for taking
Affidavits for British Columbia

July 7, 2018

Ashley Smith
302-505 West Beasley Street
Nelson BC
V1G 5X0

Dear Ms. Smith

Re: Freedom of Information and Protection of Privacy Act
Nelson Police File: 2017-5467

I am replying to your access request received by this office on July 3, 2018 requesting a copy of the police report for this incident.

Enclosed is a summary of the report as it relates to the incident. I am responsible for this decision. If you have any questions, please contact me at (250) 354-3919.

Under Section 52 of the Act, you may ask the Information and Privacy Commissioner to review the decision to not fully disclose the records you requested. You have 30 days from the receipt of this letter to request a review by writing to:

Information and Privacy Commissioner
PO Box 9038 Stn Prov Gov't
Victoria, B.C.
V8W 9A4

Please let me know if you have any further questions or concerns.

Yours truly,

Sgt Brian Weber

**NELSON POLICE DEPARTMENT
GENERAL OCCURRENCE HARDCOPY
(FAMILY ORDERS & AGREEMENTS)
GO# NP 2017-5467**

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NELSON POLICE DEPARTMENT

GENERAL OCCURRENCE HARDCOPY (FAMILY ORDERS & AGREEMENTS)

GO# NP 2017-5467

NOT APPROVED

General Occurrence Information

Main offence	FAMILY ORDERS & AGREEMENTS -
Reported On	SUNDAY, 2017-OCT-29
Occurred On	SUNDAY, 2017-OCT-29

NELSON POLICE DEPARTMENT

**GENERAL OCCURRENCE HARDCOPY
(FAMILY ORDERS & AGREEMENTS)**

GO# NP 2017-5467

NOT APPROVED

Related Event(s)

CP NP 2017 - 5467

Related Narrative(s)

Narrative SYNOPSIS - 1

GO SYNOPSIS

Author NP58 SLOMBA, JARRETT

Related date/time SUNDAY, 2017-OCT-29 17:38

On 2017-10-29 at 1659 hrs Com SMITH reports having a disagreement with her ex, SOC Andrew ENGLISH, over access arrangements to their one year old son. Com states SOC is refusing to grant her access on this date because she is refusing to give him her new address. Parties are currently at the Nelson Outdoor skate park where they normally exchange the child. PC58 and PC89 on scene. Members spoke with both parties independently. SMITH refusing to provide new address given her alleged fear of SOC and previous allegations she has made regarding him sexually assaulting her, etc. ENGLISH states she is required to provide the address under the Family Law Act. ENGLISH currently shares access to the child as per court order and while under Supervision of family members or friends. SOC concerned that COM may flee with the child as she has done so to Ontario in the past. Currently there are no police enforceable clauses attached to their Family Court Order. As such, members advised SOC that Com cannot be forced to provide her address and, rather, he could apply to obtain same through the Provincial Family Court Process. SOC understanding of same and remained calm and cooperative throughout police interaction. SOC eventually agreed to hand the child over to Com without incident. There is nothing further to suggest that further police action is required and parties will continue to try to remedy the situation through the legal and family court process. File concluded here.

Cst. J. Slomba #58

NPD "A" Platoon

NELSON POLICE DEPARTMENT

GENERAL OCCURRENCE HARDCOPY (FAMILY ORDERS & AGREEMENTS)

GO# NP 2017-5467

NOT APPROVED

Related Clearance Information

Agency	POLICE DEPARTMENT	CCJS Status	FOUNDED NOT CLEARED
Cleared on	TUESDAY, 2017-OCT-31		
Cleared by Officer(s)	SLOMBA, JARRETT		
Complainant/Victim notified	NO		

NELSON POLICE DEPARTMENT

**GENERAL OCCURRENCE HARDCOPY
(FAMILY ORDERS & AGREEMENTS)**

GO# NP 2017-5467

NOT APPROVED

*** END OF HARDCOPY ***

This is Exhibit " 3 " referred to in the
affidavit of Ashley Smith Eye Exam
sworn before me this 10 day of August 2018
at Nelson, British Columbia
S. Smith
Website: www.nelsonoptometry.ca
Email: info@nelsonoptometry.ca

Dr. Kelly Newhouse
Dr. Jordan Yurchevich

366 Baker Street
Nelson, BC V1L 4H5

Nelson Family Eyecare
OPTOMETRY CLINIC

Phone: (250) 352-5152
Fax: (250) 352-7920

3 August 2018

To Whom it May Concern,

RE: David Smith **DOB: 3 October 2016**
Phone Number: (250) 352-7200 **PHN: 9729382779**

(David) Ryan Smith presented to me on 3 August 2018 for an oculo-visual examination. Results of my examination were as follows:

Chief Complaint: intermittent clumsiness, first eye exam - falling all over the place, possible recent abuse by father (reported by mother) - referred by infant development with public health

Current Medication: No Medications, No Ocular Medications,

Family Ocular History: Negative,

Patient Ocular History: Negative

Ocular Surgery: Negative, ,

	OD	OS
Unaided VA:	UTA	UTA
Pupils:	PERRL & RAPD Negative,	
Anterior Segment		
Lids/Lashes:	Healthy	Healthy
Conjunctiva:	Healthy	Healthy
Cornea:	Clear	Clear
Angles:	Grade 4(1:1)	Grade 4(1:1)
Anterior Chamber:	Quiet	Quiet
Lens:	Clear	Clear
Posterior Segment		
C/D ratio:	0.2	0.3
Nerve Head:	Healthy rim/margin	Healthy rim/margin
Macula:	Healthy	Healthy
Posterior Pole:	Healthy	Healthy
Periphery:	Healthy	Healthy

Ryan's ocular health, binocular vision, and refraction were all normal for his age. I will see him again before he starts Kindergarden or if there are any concerns.

Sincerely,

Jaelyn McComas, Locum OD

cc: Fitzsimons, Dr. C

1

andrew old phone full

2017-11-02 14:01:52 out +1 250-509-4188 Andrew Scheduling happens weeks in advance not days

2017-11-02 14:10:53 in +12505094188 Andrew Monday and Thursday 5-7pm. Friday 5pm to Sunday at 5pm. This schedule was made in June, months ago. Im not sympathizing for your inability to follow simple instructions.

2017-11-02 14:21:25 out +1 250-509-4188 Andrew You have been picking up at the mall for months, once again you are trying to make something out of something it's not, this is all documented.

2017-11-02 14:32:45 in +12505094188 Andrew I am done giving you concessions, there is nothing to be gained from trying to work with you. Take a cab, its not my problem to figure your schedule out for you. Im done with you. Stick to the court order from here on out. Any messages not pertaining to the well being, health, or significant decisions in Davids life will no longer be answered. See you at the library at 5.

2017-11-02 14:35:38 out +1 250-509-4188 Andrew Health and well being, you still need to meet with kathrine at the ministry the attachment specialist with Ryan as well as tashia the infant development expert would like to see you with Ryan , she has attempted to contact you but you do not have voicemail set up or answer the phone.

2017-12-08 12:24:22 out +1 250-509-4188 Andrew Ryan is sick with croup, I'm going to keep him home tonight and on the breast so he can get better, I have a doctor's note

2017-12-09 09:43:07 in +12505094188 Andrew I need to see the note.

This is Exhibit " 4 " referred to in the affidavit of Ashley Smith Text Nov 02, 2017 sworn before me this 10 day of August 2018 at Nelson, British Columbia



A Commissioner for taking
Affidavits for British Columbia



HealthLinkBC

"This is Exhibit" ⁵
 affidavit of Ashley Smith "referred to as the Breastfeeding"
 sworn before me this 10 day of August 2018
 at Nelson, British Columbia
S. Smith
 A Commissioner for taking
 Affidavits for British Columbia

Home / Services and Resources / HealthLinkBC Files / Breastfeeding

Breastfeeding

HealthLinkBC File Number: 70

Child Nutrition Series

Last Updated: March 2017

Download PDF:

English

Chinese

Farsi

French

Korean

Punjabi

Spanish

Vietnamese

Why is breast milk good for my baby?

Breast milk is the only food your baby needs for the first 6 months. Continue to offer breast milk until your baby is 2 years and older.

Breast milk is good for your baby because:

- It is the safest and healthiest food for babies.
- It is easy for your baby to digest.
- Breast milk and breastfeeding may help your baby's physical, emotional and intellectual development.
- Breastfed babies have fewer infections, such as pneumonia, ear infections and diarrhea, than babies who are not breastfed.
- Breastfed babies are less likely to die from sudden infant death syndrome (SIDS).

Why is breastfeeding good for mothers?

Breastfeeding is good for you because:

- It helps you bond with your baby.
- It helps with healing after the baby's birth.
- It may help you return to your pre-pregnancy weight.
- It decreases your risk of breast cancer, and it may also decrease the risk of ovarian cancer and diabetes.

When do I breastfeed my baby?

Breastfeed or offer breast milk as soon as possible after your baby is born, ideally within the first hour. The first milk is called colostrum. Colostrum is very good for your baby. It is full of important nutrients that can help prevent infections.

Breastfeed your baby when they shows signs that they are hungry. Keep your baby close and provide skin-to-skin contact. This will encourage breastfeeding and bonding. It will also help your baby's development.

How do I know if my baby is hungry?

Feed your baby when you notice these early signs of hunger:

- Your baby brings their hands to their mouth.
- Your baby makes sucking motions or sounds.
- Your baby turns their head toward the person holding them, often with their mouth open (this is called rooting).
- Your baby cries. This is often a late sign of hunger. Try to feed your baby before they start crying.

During the first few months, your baby will feed about 8 or more times in 24 hours (1 day). Your baby may feed a lot, every 1 to 2 hours, and then go for longer times between feedings. This is called cluster feeding and often happens in the evenings or during growth spurts at about 3 weeks, 6 weeks, 3 months and 6 months of age.

Let your baby decide when to breastfeed and how long to breastfeed each time. Don't worry about length of time or the time of day.

You will know that your baby is full when:

- Sucking and swallowing slows or stops.
- Your baby closes their mouth or pushes away from the breast after feeding.
- Your baby is content or relaxed after feeding.

How do I know if my baby is getting enough breast milk?

Most mothers make enough breast milk for their baby. If you are worried about how your baby is growing or wondering if they are getting enough breast milk, contact your doctor, midwife, public health nurse, or lactation consultant.

You will know that your baby is getting enough breast milk when:

- You can see and hear your baby sucking and swallowing.
- Your baby has enough wet diapers:
 - Day 1 after their birth, your baby has 1 or more wet diapers with clear, pale urine.
 - Days 2 and 3: 2 to 3 wet diapers a day.
 - Days 3 to 5: 3 to 5 wet diapers a day.
 - Days 4 to 6: 5 or more wet diapers a day.
- Your baby has regular bowel movements:
 - Day 1 to 2 after their birth: At least 1 bowel movement (greenish-black, may be thick and sticky).
 - Day 3 to 3 to 4 weeks: At least 2 bowel movements a day, (yellow, may be seedy, pasty or runny).
 - After 3 to 4 weeks: Babies often have fewer bowel movements.
- By 2 weeks after birth, your baby is at or above birth weight and growing well.
- Your breasts feel full before feedings and soft after feedings.

Does my baby need anything other than breast milk?

Babies that are breastfed need a liquid vitamin D supplement of 400 IU every day. Breast milk has a very small amount of vitamin D that is not enough to meet your baby's needs.

At about 6 months, start to offer your baby iron-rich solid foods. Continue to breastfeed or offer breast milk. For more information, see [HealthLinkBC File #69c Baby's First Foods](#).

What do I eat when I am breastfeeding?

Women who are breastfeeding may need 2 to 3 extra servings of food each day. Examples include adding fruit and yogurt for a snack, or an extra slice of toast at breakfast and an extra glass of milk at dinner.

It is important to drink plenty of fluids. Water is the healthiest option. Lower fat milk is also a good choice. It gives you calcium and other nutrients you need.

Continue taking a multivitamin that has folic acid.

Is there anything I can't eat or drink?

You can enjoy most foods and beverages while you are breastfeeding. There are a few foods to limit or avoid.

Limit fish that is high in mercury. Choose fish low in mercury such as salmon or sole. Fish is a source of omega-3 fats, which are good for your baby. For more information, see [HealthLinkBC File #68m Food Safety: Mercury in Fish](#).

Limit caffeine to 300 mg per day. This is 1 to 2 small (8 ounce or 237 mL) cups of coffee or about 4 small cups of tea. Caffeine is also found in some soft drinks or pop, energy drinks, sports drinks, over-the-counter medicines, and chocolate. Younger babies may be more sensitive to caffeine.

The safest choice is not to drink alcohol while breastfeeding. Alcohol may decrease the amount of breast milk you produce. Alcohol may also affect your baby's motor development and sleep and decrease the amount of breast milk your baby takes at feeding time.

If you drink alcohol, plan how to breastfeed your baby to prevent exposing your baby to the alcohol. This may include pumping and storing milk before drinking or waiting until the alcohol has passed out of the breast milk before breastfeeding your baby. The time it takes for alcohol to pass out of your breast milk is different for each woman. Talk to your health care provider if you have questions about alcohol and breastfeeding.

When do I get help with breastfeeding?

It is best to get help early. Talk to your doctor, midwife, public health nurse, or lactation consultant.

You can also call **8-1-1** to speak with a registered nurse or registered dietitian if you have any of the following concerns:

- You have pain when breastfeeding.
- Your nipples are sore, cracked, or bleeding.
- You are worried that your baby is not getting enough breast milk.
- Your baby does not have enough wet diapers each day.
- Your baby does not have at least 2 bowel movements each day from 3 days to about 3 to 4 weeks of age.
- Your baby is not interested in feeding and often goes without feeding for 4 to 5 hours during the first few weeks after birth.

For More Information

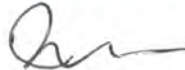
For tips and tools to help you raise a healthy family, visit Healthy Families BC Pregnancy & Parenting at www.healthyfamiliesbc.ca/parenting.

Is it an emergency?

If you or someone in your care has chest pains, difficulty breathing, or severe bleeding, it could be a **life-threatening emergency**. Call **9-1-1** or the local emergency number immediately.

If you are concerned about a possible poisoning or exposure to a toxic substance, call **Poison Control** now at **1-800-567-8911**.

THIS IS EXHIBIT " C " TO THE
AFFIDAVIT OF Ashley Smith, Affid Nov 2, 2018
SWORN BEFORE ME ON Nov 19, 2018



A COMMISSIONER ETC

Jane Scharf
Licensed Paralegal
#P06406

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AFFIDAVIT

Form 7

In the Provincial Court of British Columbia
Under the *Child, Family and Community Service Act*

NELSON

NOV - 2 2018

Court File Number

3555

Court Location:

Nelson

THE CHILD:

This is the name and birthdate of each child involved.

In the matter of the child(ren)

Name(s)

David Ryan Smith
James Basil Smith

Date(s) of Birth (mo/day/yr)

Oct 03, 2016
Sept 20, 2014

THE PARENT(S):

This is the name(s) of the parent(s) of the children listed above.

The parent(s) of the child(ren) is/are:

Name(s) Ashley Jean Smith, David Barron, Andrew English

YOUR NAME:

This is the name and address of the person swearing the affidavit.

I, Name Ashley Jean Smith

of, Address 505 W. Beasley St.

City Nelson

Prov. BC

swear that:

1. I know or firmly believe the following facts to be true. Where these facts are based on information from others, I have stated the source of that information and I firmly believe that information to be true.

2. I make this affidavit in relation to an application by ☐ me or by Name Director, YCFD

3. see attached affidavit pages 1-11

4.

5.

6.

I SWEAR:

By signing this affidavit, you are giving your oath that it is true. Paragraph 2: Is this affidavit being used in support of your own application, or is it someone else's? If anything in your affidavit is based on information received from others, state the name of the person who provided the information. If you need more space, simply indicate that a page is attached. If so, put the oath (signature) section at the end of the last sheet.

SWORN BEFORE:

The affidavit must be sworn before a qualified person. You may do this at the registry.

Sworn before me

on Date 02 November 2018
at Nelson British Columbia

Signature

Ashley Jean Smith

A Commissioner for taking Affidavits

31 Aug 2020

FILED BY:

The name and address of the person filing the affidavit goes here. This may or may not be the person who swears the affidavit.)

This affidavit is made by Ashley Smith

of, Address 505 W. Beasley St.

City Nelson

Prov. BC

Postal Code V1L 5Y3

Phone 250 352 7200

Fax

1. I, Ashley Smith born April 26th, 1985, and my partner David Barron, born May 16th, 1988 are the full time caregivers and providers to my 2 children, James Smith born September 20, 2014 and David Smith born October 3, 2016.
2. We reside at 505 West Beasley St., Nelson British Columbia and have resided here for just over a year. Our area is a lovely family area with a skate park, woods, and parks within walking distance. The home is a 2 bedroom apartment and is tidy, well kept with lots of toys for the kids and play equipment outside. The fridge and cupboards are always stocked with food and drinks. The children have many neighbouring friends and play outside with them frequently.
3. James is currently attending the preschool program at Cornerstone Children's Centre and attending play therapy with Cathy Swanston the Child and Youth Counsellor at Nelson Community Services.
4. I, Ashley Smith do not have any diagnosed mental health issues and I am therefore fit to care for my children.
5. There is no drug or alcohol abuse by any adult in the home including myself. Drugs and alcohol are not permitted in our home.
6. I have no history of abuse to my children or any other children.
7. I have no history of neglect of my children or any other children.
8. I have no criminal record.
9. My youngest son, David Smith, is currently receiving support and services from the infant development program manager Julia Stockhausen with Kootenay Family Place. Julia, recently took over from Tashia Weeks, who is currently on medical leave. We have been building a relationship since Tashia's sudden departure. This organization has been involved and has been assisting in David's development since he was 11 and a half months. They continue to provide us with great supports and services that address David's individual needs as well as referrals for specialist appointments.
10. David S. is currently a patient of pediatrician Dr. Carrie Fitzsimmons, and has been seen by her on numerous occasions. The family has recently acquired a family doctor, Dr. Cook, who is in charge of the health and well being of the family. David is currently in the process of changing from Pediatrician to family Doctor. Dr. Cook has advised us that he would be in contact with Dr. Fitzsimmons. Communication has been open so the transition from David's pediatrician to family physician is going

smoothly and David's care has not been interrupted. Both doctors have impressed me with their patient centered approach, and provide additional information to inquiries. Neither child has ever experienced any illness requiring antibiotics to date and have very healthy constitutions and general health.

11. My son David has seen a speech therapist, Deborah Savale at Public Health. As his language develops we continue to check in.
12. David's optometrist is Jaelyn McComas at Nelson Family Eyecare, he saw a hearing specialist at the Kiro Wellness Center, and his dentist is Dr. Kelly Kosheiff at Kootenay Lake Dental who his brother James has also seen.
13. As a family we have attended multiple sessions with Liz Ameral a family counsellor at Nelson Community Services and Lindsay Dew a family support worker also at Nelson Community Services. We find these sessions to be insightful and very helpful as parents.
14. David Barron is also receiving services from Toumbi Heynen a family counsellor at Nelson Community Services for approximately for 10 to 15 sessions. Which he finds very helpful. Toumbi is very compassionate and understanding and he finds their services and supports a great benefit to him.
15. I have attended approximately 30 counselling sessions with Jessica Cole, a counsellor with the Stop The Violence program, and her support is ongoing. I find Jessica's methods to be very informed and thorough, and has been an amazing support to me. I continue with this positive support.
16. I recently received a psychiatric evaluation completed on October 30, 2018 for the purpose of returning to work. This was a full day assessment with Dr. Helen Peel at Summit Psychology Group. The psychological assessments were very in depth and thorough. The testing consisted of 6 hours of booklet testing and a two and a half hour interview session, as well as aptitude and intelligence testing. Dr. Helen Peel found me to be of sound mind and body but was suffering from trauma in relation to the trauma of learning my children had been sexually abused, having been in a abusive relationship and current trauma. A large part of the current trauma is in my difficulty in relation to dealing with MCFD. It has been a completely opposite experience when receiving supports from most doctors, counselors, and specialists. It has been very difficult to cope with and understand them. I was told they are here to help, but instead have hindered me.
17. It was recommended by Dr. Peel, I seek further therapy with an EDMR (Eye Movement Desensitization and Reprocessing) specialist and I am already following through on that recommendation. Dr. Helen concluded that returning to work at this

time would not be possible due to the family commitments as well as the need for specialized therapy. I am working hard with all my supports and have clearly demonstrated I am motivated and willing to act by ensuring I and my children receive all the care needed with the best interests of my children and our family in mind.

18. I currently receive support from Ernie Woods, Advocate with Nelson Community Service, on a regular basis for various supports and services. Ernie has been with the family for the majority of this process, and I find her to be an amazing support and has a wealth of knowledge of who to connect with and services available in the community.
19. I am also actively receiving support from community based victim services at Nelson Cares who I find to be very kind and supportive and a resource for understanding processes and protocols within the legal and court systems.
20. Both children are closely connected to many neighbours and their children. They often play together. Attached is a letter from Nicole Barkley, a neighbour who supports me to keep custody of my children. Nicole states "Ashley is a great mother who cares for and loves her kids with all that she is and all that she has. I have never heard or seen anything that has caused me alarm or concern for her children's well-being", for one example. The letter is attached as Exhibit A.
21. Myself and my partner David Barron both have regular and secured income sources. I have secured income from Employment and Income Assistance and David Barron has been employed with is Photos Unlimited for 15 months, since his arrival to Nelson.
22. We have safe and secure housing that is child centered and we provide for all of the children's needs. We serve healthy food and have the children on a regular course of liquid vitamins and probiotics. We often take the children to the pool, the park, and for walks in the woods. We enjoy berry picking, sightseeing, and animal spotting.
23. David Barron and I have never neglect or abused a child and have never had any charges brought against him or me for anything.
24. We are hard workers that look for the best in others and are always there to help others. I have only documented events as they have happened and attempted to report to the appropriate authorities.
25. On November 21, 2016 in the evening I called the Children's Aid Society and reported what I had been seeing in James from the situation in the house. I was told that someone from the local office would be calling me within a couple days. Being from Ontario, I was unaware of the MCFD. My report consisted of the sexualized

behaviour I was seeing in James as well as his disclosure of forced felatio which he described with few words and many actions. I was outside with James and asked him if there was any way he could show me what he's been trying to tell me. He said, "Down, down, down." I asked, "Anything else?" and he said, "Up, please. Up, please." I asked what was happening with Andrew on the iPhone when this was happening. He replied, "Ah, ah, ah" and the way he said it sounded like female orgasm noises. I asked him if there was anything else and he pointed at his mouth and then blew spit bubbles until there was spit running down his chin. I then asked if there was anything else and he pointed to his mouth, put his hand on the back of his head, and pushed his head up and down. I also reported seeing James rub stuffed animals in their crotch area after spreading their legs, his extreme anger and aggression and bedtime routines screaming, smashing his head against the door, and nerotic touching of myself and him when I moved him back into my bed. I included Andrew's hostile reactions to being confronted with questions of what had happened and was met with such statements as, "I never hurt James", "Drop it", and statements that he was going to have my children taken away from me.

26. On November 22, 2016, after I had told Andrew he could not be in the home, he returned around supper time. He demanded to know everyone I had talked to and called, at which point I advised him CAS and Salmo therapy. James started having a screaming fit. I asked Andrew to leave and the screaming continued for at least thirty minutes after he had left. It was at this point Andrew called Mental Health on me, the RCMP, and MCFD.
27. I am not sure of the exact date, but it was not long after the previous statement the MCFD came to my house and advised me that they did not believe James was capable of telling me that he had without ever having my son assessed. They also said they could not find my initial report and made no effort to contact CAS.
28. On December 20, 2016, I was finally able to get the children in to see a pediatrician, Dr. Loukras. During that appointment, the doctor spent about an hour assessing my mental health without the children in the room and very little time assessing the children. She did not take into consideration the behaviours I had been experiencing and witnessing, treated me very poorly, and this is reflected in her letters.
29. I had kept the children away from Andrew while I attempted to access services for assistance, which were extremely limited given our location, our lack of transportation, and the childrens' ages. Andrew served me the day before Christmas and was granted supervised visits with David Smith at a neighbour's house starting December 20, 2016. At this initial visit, it was made clear to me that the supervisors were completely unaware of the court order requiring them to supervise the visits. They were under the impression from Andrew that he was just going to be using their place of residence and there presence was not required.

30. On January 21, 2017, I fled on the bus to Ontario seeking professional assistance for myself and my children, as well as protection. I was receiving immediate counselling, James was on a waiting list to see someone within weeks, which was not possible in British Columbia as he did not qualify for play therapy until three years old. Exhibit B
31. On March 30, 2017, I was ordered by courts in Ontario to return to British Columbia due to a jurisdiction issue.
32. Shortly thereafter, Andrew was granted supervised visits with David Smith at an infant development program that I found.
33. On Mother's Day, May 14, 2017, at eight months old, after a four hour visit with Andrew, allegedly under the supervision of Nathan Wilson, David Smith was returned to me unresponsive. I took him straight home (a two minute walk to the transition house) where he was not waking. Both a worker there and I became more and more concerned as neither a cold cloth nor moving him around would wake him. Upon inspection of his diaper, a large black hair was found in between his onesie and the diaper and his anus was dilating. As soon as I touched his bum, he woke up screaming. I took him to the hospital and between then and leaving the hospital, he threw up six times. Reports were made to the Police. The Police will not release the files (which include voice testimonies from both myself and the transition home worker) stating they are part of an active investigation. Exhibit C
34. In June of 2017, Carmen Carter M.Ed., R.C.C., P.T.I., P.B.A.T. of Kutenai Centre for Family Therapy reported to the police and the ministry of her belief of past sexual abuse experienced by James to which the police responded with that there's nothing they can do and the ministry responded that this is a family court issue. Exhibit D
35. Up until this point, David Smith had been a very easy going, very happy, easy to please baby and had no difficulties sleeping. He rarely cried, had a healthy appetite and was above average on development physically, mentally, and emotionally.
36. On August 12, 2017, David Smith was returned to me withdrawn again. He was making gasping noises and grabbing his penis through his diaper. He also had white discharge on his anus, which was very red and dilating again. He was also kissing on the lips a lot.
37. Approximately, the middle of August, the women at Community Services asked the ministry to put in a referral to the SCAN Clinic in Kamloops due to the concerns we had towards David Smith's regressive behaviour. The ministry put in this request and Amber Johnston told me that the SCAN Clinic had denied the request stating that a full investigation had be completed. However, I was informed by the women of

Community Services that they contacted the SCAN Clinic directly and they were told that it was the ministry who claimed that a full investigation had been completed and that it was unnecessary.

38. On September 7, 2017, Andrew was granted supervised overnights by Judge Seagram.
39. In October, 2017, MCFD visited me in my home. Amber Johnson, Dwyn Roberts, and Ernie Woods (who was present for about 75% of the interview). I expressed concerns to them at that time of the possibilities of David Smith being abused and advised them of the historical behaviour in James, which now included in the insertion of fingers into his anus as well as his clear distress after having to see or hear Andrew during exchanges, which I worked very hard to ensure he would not be present for but was unable to obtain child care on two occasions. At which point, Amber said to me that they "do not deny what happened to James but that Andrew is unlikely to do this to his own child." They advised due to the lack of police involvement that this is considered a family court matter and that there was nothing that they could do. At this point, they offered for Andrew to meet with Catherine Williams with David Smith at the MCFD office for parenting help and assessment, and that they would advise him to also meet with Tashia Weeks who had already been seeing David Smith regularly. Andrew never attended either offer. Exhibit E
40. On October 29, 2017, there was an incident where Andrew and his aunt, Dorothy English, refused to return David Smith until I told them where I lived. I was forced to call the Police. Exhibit F
41. Sometime in November, 2017, Amber Johnson appeared at my house without notice and during said conversation, she informed me that her boss had instructed her to take my children away, this was said in front of my children. It was around this time Amber advised me that I need to put James into daycare followed by another threat to remove the children. I complied and James started visiting Childrens' World. Over the course of the next few months, James' behaviour and moods regressed significantly. He started having screaming fits again, smashing his head into the wall, throwing toys and books at the wall, was experiencing extensive night terrors, started wetting the bed again, and peeing randomly in the house. During this time, there was a report made to the ministry during one of James' meltdown/trauma loops where James had screamed in excess of over thirty minutes. The police were called and advised us to call them if we ever need them to protect us from his outbursts. I removed James from the daycare. It was sometime in late January and within a couple months, these behaviours has mostly completely vanished.

42. On January 18, 2018, Andrew walked past James' daycare during a supervised visit without a supervisor no more than ten minutes after picking up David Smith with his sister.
43. On April 19, 2018, Andrew yelled at me that I was "Fucking psycho looking" from behind as I was walking away with David Smith.
44. On July 4, 2018, a 211 report was completed regarding both parties where it was noted that David Smith had experienced regressive behaviours. The reporter advised that Andrew should follow up with meetings with Tashia Weeks. The report did not recommend unsupervised visitation nor did it substantiate any claims that our house was not suitable for the children. Exhibit G
45. On July 22, 2018, Andrew took David Smith to the hospital, at 11am on Sunday, with claims that I had physically abused him and that his brother had as well. I do not understand, if this was a concern, why he took him to the hospital forty-eight hours after picking him up from my place. It is my belief that anything Andrew had concerns for happened in his care in the two days leading up to the report. Andrew then was very upset about David Smith's hair cut and demanded answers about various marks on his body.
46. On July 27, 2018, after a supervised two hour visit with Andrew, David Smith was once again very despondent. He did not make eye contact and seemed distressed. Upon bath time, he became excessively upset to the point I chose not to bathe him. Many times throughout the night, David Smith woke up screaming and complaining about his penis hurting. First thing in the morning of July 28, 2018, I looked to see what the issue was and it appeared that his foreskin was ripped or heavily abraded in three different locations. I took him to the hospital immediately and then filed a report with the police who advised me to speak with the RCMP as they "have no funding for this type of investigation and it is not their jurisdiction". At which point, I made a report to the RCMP. Officer Christopher Sheppard advised he would be in contact with Chris Duncan of the Nelson Police as the incident happened in Nelson. Chris Duncan then visited my residence to check on the welfare of my children, denied saying that they don't have funding and it wasn't his jurisdiction, then proceeded to tell me to stop calling people about this issue and to worry about my children, of which I have recorded. Chris Duncan made the claim that I told the RCMP officer that he was on "Andrew's payroll" which Christopher Sheppard denied having ever said the next morning on a follow up call. He reiterated that he told Chris Duncan that Andrew had advised me during our relationship that he knew crooked cops in Nelson. On a follow up call with Chris Duncan, he told me that he was investigating the issue and he had put in a request for a "new process" and that when I heard about it, I might even grow to like him. The entirety of theis follow up call has also been recorded. Due to these interactions, I put in a complaint to the Office of the

Police Commissioner, which they closed without reviewing any of the calls and Chris Duncan stated that my reports were unfounded and I was suffering from mental illness. Exhibit H

47. On August 8, 2018, Andrew put through an order to have David Smith apprehended for a week without serving me, due to me keeping David Smith home because of his injury. Robert Brown attended the apprehension advising that his presence was only there to "help out". Shortly thereafter, the ministry reopened my file and assigned Robert to it.
48. On September 21, 2018, at approximately 4:55 pm, during a Friday drop off of David Smith to Andrew by David Barron, Andrew told David Smith (who was in his arms) to hit David Barron, which he did. Andrew then laughed and said, "Good, now kick him." David Smith did not want to, so Andrew grabbed his legs and proceeded to hit David Barron with them, all the while laughing. David made a report at the police station at 5:45 pm. On September 22, 2019 David Barron called the ministry, who told him that this is just a "parenting style" and were extremely rude and condescending. Later that day, David Barron spoke with the police, who advised him that the incident was not a criminal assault but an assault nonetheless. They said it was in extremely bad taste and that the ministry should be handling it. They also advised him to pursue the matter in family court. Exhibit I
49. On September 23, 2018, ten minutes before we were supposed to pick up David Smith, Andrew called saying that he was taking him to the hospital for an infection. When I arrived at the hospital, Andrew had his car and Julia English, his sister, was in another, so there was no supervision for Andrew and David Smith. David Smith's penis was very swollen. The doctor tried to convince me that David Smith needed to be circumcised and said they would be in touch with a urologist. The doctor did not allow me in the room for the inspection and Andrew had advised the doctor that David Smith had been suffering from multiple infections, which is not true, which is what lead the doctor to this conclusion. Andrew had been provided advice about David Smith from his health care provider without ever seeing David Smith. The emergency room doctor advised me to forcefully pull back David Smith's foreskin, which was the opposite advice that I had been provided from the pediatrician about a month previous.
50. On September 24, 2018, due to the misinformation provided to the emergency room doctor, I was extremely concerned for the recommendations that had been provided and I took David Smith to see a doctor at the clinic where she noted that the swelling had decreased significantly and did not require ointment.
51. On October 1, 2018, I was able to take David Smith to see the pediatrician, Dr. Carrie Fitzsimmons. She informed me that she does not think he needs to be

circumcised. David Smith is not suffering from multiple infections but from trauma to his foreskin. Exhibit J

52. On October 18, 2018, at approximately 6:55 pm, Andrew told David Smith to smack David Barron in the face.
53. On October 24, 2018, David Smith had been complaining that his bum hurt sometimes when he would sit down he said, "Ow. Hurt." and either get up or adjust so he was sitting on his side. This was quite often that day so I brought David Smith in to see Dr. Cook who advised me that he wasn't a specialist and he didn't know what to look for but he couldn't see anything on the outside and didn't know what could be causing it. He advised me that he would speak to his colleagues and the pediatrician and get back to me regarding any specialists advice.
54. On October 30, 2018, MCFD removed the children from our home citing that I am emotionally damaging the children and that I needed a psychiatric assessment, while I was at a psychiatric assessment. They made no attempt to speak with us, set up a safety plan, express their concerns, or give us the options of alternative placement. David Barron had to ask Sara Makortoff where she was taking the children. She informed David Barron that they need to be with family so they would be taken to Dorothy English's residence. David Barron objected to this, seeing as they are of no blood relation to James and also of James' history of abuse at the hands of Andrew. Sara then informed David Barron that they would be put in the care of a foster home.
55. On October 31, 2018, I called the ministry with Ernie Woods where I was given very little information and advised that the workers needed to speak to their supervisor. I returned home at which point, around 2 pm, Chris Duncan with Joanne RPN Emergency Mental Health Services came to my door and requested that I complete an assessment with them in my home. To which I denied and advised them they could contact the doctor I was with the day before when I had completed a full assessment. Immediately following this visit, I received a phone call from Dwyn Roberts advising me that they were placing both boys with Dorothy and Andrew. At this point, Cathy Swanston advocated on James' behalf and called and wrote the ministry to advise them that James has expressed being afraid of Andrew and that he worries about David Smith when he is with Andrew and that James should not be put in a position where he is in contact with Andrew. Exhibit k
56. David Smith was a very happy, easygoing baby. Routinely, upon return, he has limited language, and is very aggressive and self abusive. He sleeps with his eyes partially open and wakes frequently during the night (six to twelve times). He protests diaper and clothes changes and will not sit in the bath. He can be very despondent; not making eye contact, smiling, nor responding to his name. He also regresses in confidence. He screams frequently and demands to be held excessively. He also has

shown concerning behaviour around breastfeeding (moving his head and hand up and down on the breast, rubbing his feet into my crotch, and pulling my pants down when requesting the breast). Often, but not always, during the initial diaper changes at home, he will scream, gasp, pull away with a very red anus which is, on some occasions, enlarged and dilating. He is also often returned covered in food, with full diapers, with very dirty feet under his socks, and smelling musty. It is not uncommon for him to have blisters on his lips and new bruising or scratches on his body, particularly on his legs, feet and arms. It is also not uncommon for David Smith to return home sick or sicker than when he left, which is why I have chosen, in the past, to keep him home on the breast when feeling under the weather.

57. During the course of this time, the ministry has opened and closed my file multiple times, many times without notification. They have called multiple individuals that I am accessing services for myself and the children and told them that I am mentally ill.
56. There is no evidence that either myself or my partner have neglected or abused my children. And there is evidence here that I have sought help for their trauma and my trauma. I will continue to obtain professional support for my children so that they can recover from the harm done to them by Andrew English.
57. I ask that the court order that my children be returned to me immediately so that I can continue to care for them and protect them.
58. I rely on the following case law which requires children be returned to the custodial parent unless it can be proven that the children are in danger.

Winnipeg Child and Family Services at paras. 108, 116, 122, 124; and *Child and Family Services of Western Manitoba v. K.B.*, 2006 MBQB 94 at para. 15, aff'd 2006 MBCA 82 at para. 11

Children's Aid Society of Algoma v. S.C., 2007

Children's Aid Society of London and Middlesex v. S.D., 2008

Children's Aid Society of the District of Thunder Bay v. C. G., 2004

Children's Aid Society of Ottawa-Carleton v. D.(K.), 2002

Children's Aid Society of Waterloo Region v. D.D., 1995

Children's Aid Society of Haldimand-Norfolk v. C.L.J., 2001

Catholic Children's Aid Society of Metropolitan Toronto v. L.(P.), 1986

Children's Aid Society of Algoma v. S.S., 2010

Children's Aid Society of Algoma v. N.(R.) (No. 5), 2001

Children's Aid Society of the Niagara Region v. B.(C.), 2005

Children's Aid Society of Toronto v. Y.B., 2008

59. I will be continuing to receive support for the children and ourselves from;

Ernie Woods, Nelson Community Service

Jessica Cole

Cathy Swantson

Julie Stockhausen

Dr. Cook and Dr. Fitzsimmons

Liz Ameal Nelson Community Service

Toumbi Heynen

60. Further Exhibits

Exhibit L Letters from supports

Exhibit M Cross Section of Daily Notes

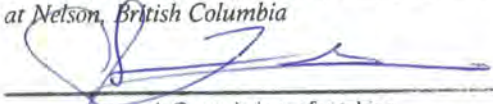
Exhibit N Pictures of suspected abuse or Neglect

Ernie

From: Ashley Smith <anonymous.enigma@hotmail.ca>
Sent: October 30, 2018 11:55 PM
To: ewood@servicesfyi.ca; Danica Vance
Subject: Fwd: Letter

This is Exhibit "A" referred to in the
affidavit of Ashley Smith, Nickole letter
sworn before me this 2 day of Nov 2018
at Nelson, British Columbia

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A Commissioner for taking
Affidavits for British Columbia

From: Nikki Barkley <nikki0615@hotmail.com>
Sent: Tuesday, October 30, 2018 10:40:31 PM
To: anonymous.enigma@hotmail.ca
Subject: Letter

Your honor,

I am writing this letter in support of Ashley Smith and her two children Ryan (age 2) and James (age 4) in hopes of sharing with you my experiences and perspective, as someone who has frequent interacts with her and her boys.

I have know Ashley and her two children, Ryan (age 2) and James (age 4), since December 2017. We are neighbors in the housing complex Copper Mountain Court, which is very similar to a small community, as a lot of us are pretty connected. Our kids are close friends, with my son being the same age as James, and they play a few times a week together, sometimes daily, outside in the complex communal play area. Ashley, David and I have taken the kids to the beach together, taken the kids on walks, taken them to the Rosemont school playground, had plans for our boys to trick or treat together and they even attended the same day care together.

In the time I have known Ashley and her kids, I have known and witnessed her to be a very kind, attentive, compassionate mother to her children. She engages them, monitors them and teaches them (and the other children present) how to interact in an appropriate manner, in what can sometimes be a challenging outdoor playing environment for all kids involved. She is gentle but firm, she guides her children rather than just scolding them, and she explains to them why the actions or behaviours are appropriate or inappropriate based on the situation.

Ryan and James are lovely little boys. Whenever I have seen or interacted with either of them, they both seem to be happy, kind, sociable, outgoing, and eager to play in and explore their environment, whether that is in our area, up at the skate park/bike park or in the forest and paths that extend beyond them. Both boys are excellent at listening to and following direction based on their age limitations and natural impulses and are very good at communicating their needs to their mother, and she responds to them or acknowledges them immediately. Ryan and James always appear well-kempt and healthy, with only the occasional cold or sniffles as all kids get.

It is my belief, based on all of our interactions, that Ashley is a great mother who cares for and loves her kids with all that she is and all that she has. I have never heard or seen anything that has caused me alarm or

concern for her children's well-being, in any fashion (physical, verbal, mental or emotional). I also believe that children are naturally a product of their environment, and that they cannot fake or hide who they truly are. What I have seen of James and Ryan when they are in Ashley and/or David's care is that they are two truly happy and loved little boys who deserve to be loved by and cared for by their mother, and that she does the best she can every day to ensure that they are safe, secure and cared for in every way, as only a mother can.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Nicole Barkley'.

Nicole Barkley



NORTH OF
SUPERIOR
COUNSELLING PROGRAMS

Programmes de Counselling
Nord du Supérieur

info@nosp.on.ca
www.nosp.on.ca

16 Front St., P.O. Box 670
Nipigon, ON P0T 2J0

T: 1-877-895-NOSP (6677)

Geraldton
P.O. Box 1089
423 Main St. Unit 3
Geraldton, ON P0T 1M0

Longlac
P.O. Box 610
121 Forestry Rd.
Longlac, ON P0T 2A0

Nipigon
P.O. Box 670
16 Front St.
Nipigon, ON P0T 2J0

Manitouwadge
P.O. Box 207
1 Health Care Cres.
Manitouwadge, ON P0T 2C0

Marathon
P.O. Box 849
51 Peninsula Rd.
Marathon, ON P0T 2E0

Armstrong
P.O. Box 362
111 Queen St.
Armstrong, ON P0T 1A0

Terrace Bay
P.O. Box 309
9 Selkirk Ave.
Terrace Bay, ON P0T 2W0

Community Wellness Programs for
Individuals & Families since 1983

Programmes de bien-être
communautaire pour individus et
familles depuis 1983

**Healthy People
Resilient Families
Vibrant Communities**

March 28, 2017

**RE: SMITH, Ashley
DOB: 26 April 1985**

To Whom It May Concern:

This letter is written at client's request.

Ashley Smith initiated counselling services with North of Superior Counselling Programs self-referring on February 1, 2017.

She attended an intake meeting with this worker on February 10, 2017.

Ashley attended counselling sessions at NOSP on February 24, 2017 and March 14, 2017. Ashley has another appointment scheduled for April 4, 2017 to continue her counselling with this worker.

Ashley's son "James Smith" (DOB 20 Sept 2014) was also referred by Ashley for counselling at North of Superior Counselling Programs on February 1, 2017. An intake was done by Children's Worker Lisa MacKenzie at NOSP on February 1, 2017 and James was put on a wait list for children's services February 8, 2017. James was assigned to NOSP Children's Worker Kathryn Crichton on March 16, 2017 who will be contacting for service the next few weeks.

Sincerely,

Diane Dubois RN BScN NOSP Counsellor

This is Exhibit "B" referred to in the
affidavit of Ashley Smith, Ontario Services
sworn before me this 2 day of Nov. 2018
at Nelson, British Columbia

A Commissioner for taking
Affidavits for British Columbia





Psychiatric Assessment/ Mental Health Counselling Referral

First Name: Ashley Last Name: Smith
 DOB: 26 04 1985 Age: 30 Gender: Female
 DD MM YYY

Marital Status:

Single ☒ Common-law ☐ Divorced ☐ Widowed ☐ Married ☐ Separated ☐

HC #: _____ Version Code _____ Expiry Date: _____

Street Address: 69 Jackson Cr. Box #: 869

Town: Marathon Home Phone #: 229-2223 May leave message: Y ☒ N ☐
 (807)

Cell Phone #: 355-7305 Work Phone: _____

Contact at Home? Yes ☒ No ☐ Preferred Language: English ☒ French ☐

PHYSICIAN / HEALTH CARE PROVIDER: _____ None: ☐

REFERRED BY: Marjorie House REFERRAL DATE: Feb. 01/17

PHONE #: 229-2223 EXT: _____ FAX #: 229-2282

Is client at risk of self-harm? Y ☐ N ☒ Harm to others: Y ☐ N ☒ Past/present hx violence: Y ☒ N ☐

Services	Service Required	Brief history & Request
Psychiatric Assessment Services	<input type="checkbox"/> Psychiatric Assessment <input type="checkbox"/> Physician to Psychiatrist phone/OTN consult. <u>Client must be registered with NOSP</u>	(check all that apply) Anxiety Related: <input type="checkbox"/> Mood: <input type="checkbox"/> Life Event: <input checked="" type="checkbox"/> Thoughts/Psychosis: <input type="checkbox"/> Substance Related: <input type="checkbox"/> Other: <input type="checkbox"/>
Counselling	<input checked="" type="checkbox"/> Mental Health <input checked="" type="checkbox"/> Therapy <input type="checkbox"/> Short-term/brief support <input type="checkbox"/> Intensive (crisis/safety planning)	Brief History: <u>Ashley is residing at the women's shelter as she is escaping her ex partner who has sexually</u>

	<input type="checkbox"/> Short-term/brief support <input type="checkbox"/> Intensive (crisis/safety planning response) <input type="checkbox"/> Addictions <input type="checkbox"/> Other	who has sexually abused her eldest son (21 yrs.) - history of domestic violence (stalking, controlling, emotional abuse, sexual abuse) Ashley has come to the shelter from BC escaping her ex-partner.
iors Support & Services	<input type="checkbox"/> Mental Health <input type="checkbox"/> Cognitive assessments <input type="checkbox"/> Counselling/intervention <input type="checkbox"/> Family Support <input type="checkbox"/> Senior Volunteer in Service	
Brief Service	<input type="checkbox"/> Emergency/Clinic Visit Follow Up (mental health/addictions)	

Current medication (attach list): Yes ☒ NO ☐ CLIENT AWARE OF REFERRAL: YES ☒ NO ☐

Vitamin

FAX REFERRAL TO NOSP OFFICE: Geraldton/Longlac: 807-854-0006 Nipigon/Red Rock: 807-887-2764

Schreiber/Terrace Bay: 807-825-1030 Marathon: 807-229-3040 Manitouwadge: 807-826-3088 (Nov 5th/2015)



Children and Youth Services Referral Form

DATE REFERRAL SENT	Feb. 01/17	Is youth at risk of harm to self or others:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Phone # of Referral	229-2223	File # of Referral	229-2282

a) CLIENT PROFILE (Child/Youth)

Health Card # (known)

Name of Child/Youth	Include full name and any other names used (only if applicable)		
DOB	09/20/2014	Gender	MALE
Name of Parent/Legal Guardian	Ashley Smith	Preferred Language	<input type="checkbox"/> French <input checked="" type="checkbox"/> English
Address	69 Jackson Cr. Marathon, ON P0T 2E0		
Preferred Contact Method	<input checked="" type="checkbox"/> Phone:	<input type="checkbox"/> E-mail:	<input type="checkbox"/> Other:
Current School/Day Care (only if applicable)	—		Grade
Custody Type (only if applicable)	Are the parents separated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, what is the custody arrangement? <input type="checkbox"/> Joint <input type="checkbox"/> Undetermined <input checked="" type="checkbox"/> Sole Specify:	
Current Child Protection Involvement	Are CP services involved? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, which agency? <input type="checkbox"/> CAS <input type="checkbox"/> Dilco <input type="checkbox"/> Other	If yes, is the child/youth in care? <input type="checkbox"/> No <input type="checkbox"/> Yes

Are there any pending court issues e.g. Custody, Separation, Divorce or other? : ☒ No ☐ Yes

b) THIRD PARTY REFERRAL INFORMATION Complete only if applicable

Name of Referral	Marjorie House	Title/Agency of Referral	Marjorie House
Phone	229-2223		

Phone #	229-2223	Referral	nurse
Relationship to child/youth	<input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> School <input type="checkbox"/> Physician <input checked="" type="checkbox"/> Other:		
Referral Method	<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Letter/Fax/E-mail (attach) <input type="checkbox"/> Access Network	Referred Offender provided Verbal Consent of Referral	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Consent is required
Reason for Referral	Provide a brief summary of the presenting issues: James and his mom and baby brother are residing at the shelter, escaping domestic violence. Ashley (James mom) believes sexual abuse from the expatriate towards her son James. James is displaying sexualized behaviors.		

FAX TO NOSP OFFICE: Geraldton/Longlac: 807-854-0006 Nipigon/Red Rock: 807-887-2764
 Schreiber/Terrace Bay: 807-825-1030 Marathon: 807-229-3040 Manitouwadge: 807-826-3088
 Sept 2016



THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ALTERNATIVE LIVING SERVICES

Change of Address with Intent to Rent

Client Surname <u>Smith</u>	First Name <u>Ashley</u>	Caseworker <u>J. Micheno</u>
Current Address <u>69 Jackson</u>		Telephone # or Contact # <u>229-2223</u>

Section A: New Address Information - To be completed by tenant

Address you are moving to:

17 Drake St Marathon ON P0A2E0
(Unit #) (Street number & name) (City) (Province) (Postal Code)

Date you are moving: 15 103 12017
DD MM YYYY

Expenses (Indicate below all shelter expenses that you are required to pay)

Shelter Expense	Amount	For Office Use Only	
		Verified	
Mortgage			
Rent	<u>255</u>	<u>✓</u>	
Heat			
Hydro			
Water			
Water Heater Rental			
Taxes			
Insurance			
Room & Board (shelter & food supplied)			

Section B: Co-residents - To be completed by tenant

Will you be paying the total accommodation costs at this new address?

☐ No ☒ Yes

If no, please complete the following:

Name	Relationship to you	Reason (circle one)		Male or Female	Amount Paid
		Roomer	Boarder		
		Roomer	Boarder		

		Roomer	Boarder		
		Roomer	Boarder		

[2]

7

Is any other person living and/or using this new address for any other reason? ☒ No ☐ Yes
 If yes, please complete the following:

Name	Relationship to you	Reason (circle one)	
		Living at address	Using address
		Living at address	Using address

M. Shalef Shmuel
 Signature

13/03/2017
 Date

conf'd on reverse



Nelson Police Department

606 Stanley Street, Nelson, British Columbia V1L 1N4
Telephone: 250.354.3919 Fax: 250.354.4179
Email: court@nelsonpolice.ca

This is Exhibit " C " referred to in the
affidavit of Ashley Smith, Police FOIA
sworn before me this 2 day of Nov, 2018
a Nelson, British Columbia

August 4, 2018 for taking
Affidavits for British Columbia

Ms. Ashley Smith
302-505 West Beasley St
Nelson BC
V1L 5X3

Ms. Smith,

On July 29, 2018 I received four separate requests from you to access records at the Nelson Police Department under the Freedom of Information and Protection of Privacy.

Two of the requests pertain to files currently under investigation namely file 2017-4287 from May 14, 2017 and file 2018-3608 from July 27, 2018. I will address your requests once I have been able to speak with the investigators. As these files are open, disclosure is often difficult to accomplish as it may affect the investigation.

The other two requests are much too vague to accomplish. One request states " would like a copy of my file in its entirety, including all calls made, reports, etc. " Please indicate what file you are referring to by describing the event or circumstances to narrow the search. Please note that the police do not have a master file for each person that they deal with. The other request states " any complaints / reports that may have been made against me ". This is difficult as third party information cannot be released and may involve information that is identified in the next paragraph.

Please keep in mind that the request for access to records does not give you a complete copy of the file. All third party information and identification is vetted from the file. This includes all statements from third parties, hospital records, recordings etc. Also, all police investigation notes and investigation techniques will be withheld.

Please feel free to contact me to clarify the two requests that I have identified as vague. I will call you when the two current files are completed and ready for pickup.

Sincerely,

Sgt. Dan Markevich #66

NELSON POLICE DEPARTMENT
606 STANLEY ST
NELSON BC
250-354-3919 EXT 686
markevich@nelsonpolice.ca



This is Exhibit " D " referred to in the
affidavit of Ashley Smith, Carmen
sworn before me this 2 day of Nov, 2018
at Nelson, British Columbia

 Court File #3339
Court Location: Nelson, B.C.
A Commissioner for taking Affidavits for British Columbia
DATE: June 23, 2017

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA

IN THE CASE BETWEEN

ANDREW CROFTON ENGLISH

Applicant

- and -

ASHLEY JEAN SMITH

Respondent

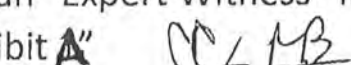
AFFIDAVIT

**I, Carmen Carter M.Ed., R.C.C., P.T.I., P.B.A.T. of Kutenai Centre
for Family Therapy at 301 Baker Street Nelson, B.C. V1L 4H6**

AFFIRM THAT:

**1) I am a Registered Clinical Counsellor in good standing with the
British Columbia Association for Clinical Counsellors (BCACC)**

#2112.

**2) I have been considered an "Expert Witness" in the Provincial
Court of B.C. "Resume Exhibit A"** 

**3) That I have had clinical counselling sessions with Ashley Smith
DOB April 26, 1985; James Smith DOB September 20, 2014 and
David "Ryan" Smith DOB October 3, 2016 on the dates of: June 12,**

2017, June 13, 2017 (Ashley and James), June 19, 2017 and June 22, 2017 respectively.

4) From my initial clinical observations with James Smith in particular my findings and concerns are as follows:

- a) Extreme hypervigilance ("on high alert")
- b) Cognitive confusion
- c) Impaired attachment with mother Ashley
- d) Lack of normal engagement in play materials or play activities
- e) Dissociation "frozen look" rocking by self on rocking chair
- f) Developmental delays with speech/language for age
- g) Developmental delays with emotional expression for age
- g) Inability to keep attention for reasonable periods
- h) Anxiety (jumpy, nervous, triggered easily by unexpected noises, body shivers)
- i) Possible history of child sexual abuse/trauma i.e. "Play with anatomical male doll" James, on his own, places a band aid on dolls penis. James, without any prompts says, "hurt penis". James "plays with frog" he put frog's legs up over its head and James touching/poking at frogs bum

5) For James Smith, I believe that these clinical observations could be the result of exposure to sexual abuse/violation experiences over a period of time from approximately August/September to November, 2016.

6) Ashley Smith, on clinical intake, described that James Smith on several occasions had sudden intense and defiant behavior changes and outbursts. That James showed aggression and

inappropriate sexual behaviors for his age over several weeks in October and November of 2016. Ashley explained that James had disclosed to her that he had experienced sexual violation and/or experienced sexual inappropriateness from Andrew English (DOB January 21, 1982). Ashley had made reports to the R.C.M.P. in Salmo, the Nelson City Police and to the Ministry of Children and Family Development in November of 2016.

7) I called the MCFD (I left messages) and the Nelson City Police and spoke to Sargent Holt on June 14, 2017 about my concerns for Ryan Smith. On June 15, 2017 I called the Salmo R.C.M.P. and spoke with Andy Thiemann as I feel that James Smith could be a victim of sexual abuse. I was told that there are open files on these cases. On June 21, 2017 I had a telephone conversation with Deb Martins at the MCFD and told her my concerns for both Ryan Smith and James Smith. I let all these professionals know that I will be continuing my assessments and clinical work with this family and will be reporting to them on my findings.

8) My Recommendations include:

a) That both children James Smith and David Ryan Smith be supported to continue counselling through Victim Services for further assessment/evaluation and healing

b) For Ashley Smith to be supported to continue counselling through Victims Services for herself and for supporting her children

c) That Andrew English have NO CONTACT or ANY EXPOSURE with James Smith in any way


d) If Andrew English has any visitation rights with Ryan Smith that this needs to be supervised on a "One to One" basis by trained and experienced supervisors and NOT in a group setting. Andrew English should not be alone with Ryan at any time.

e) That Andrew English have a psychiatric evaluation

f) That the Ministry of Children and Family Development along with the Salmo R.C.M.P. and the Nelson City Police continue their investigations in this case.

Affirmed before me in the City of)
Nelson, British Columbia, on)
June 23, 2017.)


Carmen Carter


Ron Bogusz
RONALD BOGUSZ
Barrister & Solicitor
#105 - 465 Ward Street
Nelson, BC, V1L 1S7
250-352-3171

PROFESSIONAL VITAE

Carmen Carter M.Ed., R.C.C., P.T.I., P.B.A.T.
Suite A & A1 - 301 Baker Street
Nelson, B.C. V1L 4H6

carmencarter@shaw.ca
www.carmencarter.ca
T. 250-354-4485
C. 250-354-3663

Summary of Skills and Qualifications:

- Master's Degree (Counselling Psychology 1998)
- Bachelor Of Arts Degree, Major Psychology
- Registered Clinical Counsellor B.C.A.C.C. #2112 (2003)
- Experienced with over 30 years working with Children, Youth and Families in settings such as Hospitals, Schools and as a Mental Health Clinician.
- Experience and Advanced Training in Play and Art Therapy Modalities.(P.T.I.)
- Diploma (2.5 year) in Pre and Peri-natal Birth and Attachment Training.
- Accepted as an "Expert Witness" in the British Columbia Court System

Education and Training:

2016 Indigenous Cultural Competency (ICC) Training – Core Mental Health
2016 Mindfulness-Based Stress Reduction, Dr. Devon Christie MD CCFP GPPA
2015 Introduction to Hakomi Therapy, Magi Cooper, Registered Hakomi Therapist
2015 Focus Orient. Workshop and Complex Trauma First Nations, Alexis Phillips, R.C.C.
2014-2016 Discussions on Sexuality, Dr. David Hersh
2012 Somatic Trauma Resolution: Sharon Porter BCST, SEP, RPP
2009-2012 Prenatal, Birth & Attachment Therapy, Myrna Martin M.N., R.C.C.
2003 Level 1: Theraplay, Level II & III Intermediate & Advanced Play Therapy.
1996-1998 M.ED. (Couns, Psych) University of Victoria, Victoria B.C.
1993-2015 Conferences in Psychology and Clinical Modalities using Play and Art Therapy.
1989-1993 B.A. Major Psychology: The Open Learning Agency, Richmond B.C.
1979-1980 Licensed Practical Nurse, Selkirk College, Nelson, B.C.

Work Experience: Clinical Private Practice 1998- to present

- Mental Health Clinician for Infant, Children, Youth, Families and Adults/Couples
- Use of various Counselling Theories and Interventions. Bio-Psycho-Social Intake & Assessment, Use of DSM V, Treatment & Goal Planning, Consultation. Clinical experience with various mental health issues including: Attachment Issues, Sexual Abuse/Neglect, Autism, Anxiety, Expert Witness, Depression, Trauma, Loss/Grief, Divorce/Separation, Special Developmental Needs, Health Issues and Parental Psychology Education and Support. Experience with Infants/Children, Individuals, Couples, Families and Groups.

Facilitate Conferences and provide lectures and workshops.

- Educational Assistant/Family Youth Worker, School District #8 1991-2011

Emotional/Social/Academic/Medical Support: Children with Special Needs, Youth at Risk and Aboriginal Support Worker. Modify/Adapt Programs, Assessment, Evaluate, Report and Record Student Progress. Advocate for Children/Youth with various Mental Health or Medical Diagnoses. Art and Play Therapy with Children and Youth at Risk.

- Licensed Practical Nurse Kootenay Lake Regional Hospital.

Experience in General Medicine, Pediatrics, Surgical Ward, ECG'S, Cardiac Stress Testing, and Laboratory Assistance.

PROFESSIONAL ACTIVITIES:

- Past President: British Columbia Association For Play Therapy B.C.A.P.T.
- Author of Book Titled "A Child Play Therapy Outline for Elementary School Counsellors, A Preventative Approach For Children At Risk".
- Regional Delegate Counsel Representative for the (BCACC) British Columbia Association of Clinical Counsellors from 2003-to present.
- Board Member for the Nelson Child Advisory Counsel, Nelson B.C.
- Volunteer at Family Place "Babies Best Start Program", Nelson, B.C.
- Volunteer at Family Place "Clinical Support For Parents and Young Children"
- Volunteer in Nicaragua in Supporting Education and Attachment Presentations.

Licenses, Diplomas, Internships and Memberships:

- Registered Clinical Counsellor B.C.A.C.C. Registration Number 2112
- Pre and Peri -Natal Birth and Attachment Training P.B.A.T.
- British Columbia Play Therapy Association B.C.P.T.A. Past President 2000
- Play Therapy Intern P.T.I. WITH C.A.C.P.T.
- Canadian Associations for Child and Play Therapy C.A.C.P.T.
- American Play Therapy Association A.P.T.

REFERENCES:

CLIVE PERRATON-MOUNTFORD

PhD, R.C.C.
Clinical Supervisor 2015 to present
1309 Clearwater Valley Road,
Clearwater, B.C. VOE 1N1
(604) 921-7620 Dir. Ph. (604)-240-4694

MYRNA MARTIN

MN, R.C.C., R.C.S.T., R.M.F.T.,
Clinical Supervisor/Instructor 2010-2017
1502 Stanley Street
Nelson, B.C. V1L 1R3
250-352-1655
myrna@myrnamartin.net

MARIE-JOSE DHAESE

PH.D., R.C.C., ATR, RPT-S, CPT-S
Clinical Supervisor 2011-2014
250-248-1290
mariejose@shaw.ca

MARY ANNE PARE

M.Ed, R.C.C., RPT-S
Clinical Supervisor 2003-2008
217-3195 Granville Street
Vancouver B.C.
604-736-8744 #2

andrew old phone full

2017-11-02 14:01:52 out +1 250-509-4188 Andrew Scheduling happens weeks in advance not days

2017-11-02 14:10:53 in +12505094188 Andrew Monday and Thursday 5-7pm. Friday 5pm to Sunday at 5pm. This schedule was made in June, months ago. Im not sympathizing for your inability to follow simple instructions.

2017-11-02 14:21:25 out +1 250-509-4188 Andrew You have been picking up at the mall for months, once again you are trying to make something out of something it's not, this is all documented.

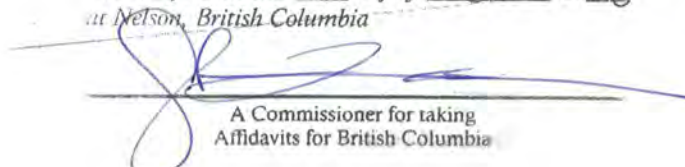
2017-11-02 14:32:45 in +12505094188 Andrew I am done giving you concessions, there is nothing to be gained from trying to work with you. Take a cab, its not my problem to figure your schedule out for you. Im done with you. Stick to the court order from here on out. Any messages not pertaining to the well being, health, or significant decisions in Davids life will no longer be answered. See you at the library at 5.

2017-11-02 14:35:38 out +1 250-509-4188 Andrew Health and well being, you still need to meet with kathrine at the ministry the attachment specialist with Ryan as well as tashia the infant development expert would like to see you with Ryan , she has attempted to contact you but you do not have voicemail set up or answer the phone.

2017-12-08 12:24:22 out +1 250-509-4188 Andrew Ryan is sick with croup, I'm going to keep him home tonight and on the breast so he can get better, I have a doctor's note

2017-12-09 09:43:07 in +12505094188 Andrew I need to see the note.

This is Exhibit " E " referred to in the affidavit of Ashley Smith, Andrew text sworn before me this 2 day of Nov, 2018 at Nelson, British Columbia

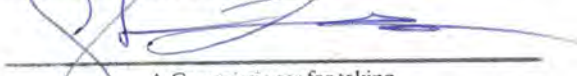

A Commissioner for taking Affidavits for British Columbia



Nelson Police Department

606 Stanley Street
Nelson BC V1L 1N4
Office: (250) 354-3919

This is Exhibit " F " referred to in the
affidavit of Ashley Smith Police Report
sworn before me this 2 day of Nov 2018
at Nelson, British Columbia


A Commissioner for taking
Affidavits for British Columbia

July 7, 2018

Ashley Smith
302-505 West Beasley Street
Nelson BC
V1G 5X0

Dear Ms. Smith

Re: *Freedom of Information and Protection of Privacy Act*
Nelson Police File: 2017-5467

I am replying to your access request received by this office on July 3, 2018 requesting a copy of the police report for this incident.

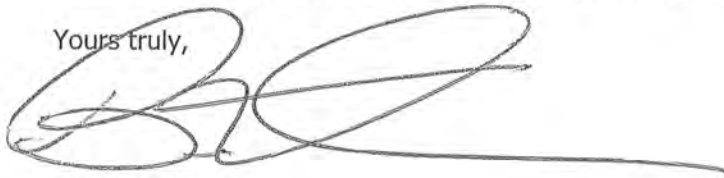
Enclosed is a summary of the report as it relates to the incident. I am responsible for this decision. If you have any questions, please contact me at (250) 354-3919.

Under Section 52 of the Act, you may ask the Information and Privacy Commissioner to review the decision to not fully disclose the records you requested. You have 30 days from the receipt of this letter to request a review by writing to:

Information and Privacy Commissioner
PO Box 9038 Stn Prov Gov't
Victoria, B.C.
V8W 9A4

Please let me know if you have any further questions or concerns.

Yours truly,



Sgt Brian Weber

NELSON POLICE DEPARTMENT
GENERAL OCCURRENCE HARDCOPY
(FAMILY ORDERS & AGREEMENTS)
GO# NP 2017-5467

NELSON POLICE DEPARTMENT

GENERAL OCCURRENCE HARDCOPY (FAMILY ORDERS & AGREEMENTS)

GO# NP 2017-5467

NOT APPROVED

General Occurrence Information

Main offence	FAMILY ORDERS & AGREEMENTS -
Reported On	SUNDAY, 2017-OCT-29
Occurred On	SUNDAY, 2017-OCT-29

NELSON POLICE DEPARTMENT

**GENERAL OCCURRENCE HARDCOPY
(FAMILY ORDERS & AGREEMENTS)**

GO# NP 2017-5467

NOT APPROVED

Related Event(s)

CP NP 2017 - 5467

Related Narrative(s)

Narrative SYNOPSIS - 1
GO SYNOPSIS

Author NP58 SLOMBA, JARRETT

Related date/time SUNDAY, 2017-OCT-29 17:38

On 2017-10-29 at 1659 hrs Com SMITH reports having a disagreement with her ex, SOC Andrew ENGLISH, over access arrangements to their one year old son. Com states SOC is refusing to grant her access on this date because she is refusing to give him her new address. Parties are currently at the Nelson Outdoor skate park where they normally exchange the child. PC58 and PC89 on scene. Members spoke with both parties independently. SMITH refusing to provide new address given her alleged fear of SOC and previous allegations she has made regarding him sexually assaulting her, etc. ENGLISH states she is required to provide the address under the Family Law Act. ENGLISH currently shares access to the child as per court order and while under Supervision of family members or friends. SOC concerned that COM may flee with the child as she has done so to Ontario in the past. Currently there are no police enforceable clauses attached to their Family Court Order. As such, members advised SOC that Com cannot be forced to provide her address and, rather, he could apply to obtain same through the Provincial Family Court Process. SOC understanding of same and remained calm and cooperative throughout police interaction. SOC eventually agreed to hand the child over to Com without incident. There is nothing further to suggest that further police action is required and parties will continue to try to remedy the situation through the legal and family court process. File concluded here.

Cst. J. Slomba #58
NPD "A" Platoon

NELSON POLICE DEPARTMENT

GENERAL OCCURRENCE HARDCOPY (FAMILY ORDERS & AGREEMENTS)

GO# NP 2017-5467

NOT APPROVED

Related Clearance Information

Agency	POLICE DEPARTMENT	CCJS Status	FOUNDED NOT CLEARED
Cleared on	TUESDAY, 2017-OCT-31		
Cleared by Officer(s)	SLOMBA, JARRETT		
Complainant/Victim notified	NO		

NELSON POLICE DEPARTMENT


**GENERAL OCCURRENCE HARDCOPY
(FAMILY ORDERS & AGREEMENTS)**

7
GO# NP 2017-5467

NOT APPROVED

*** END OF HARDCOPY ***



This is Exhibit " G " referred to in the
affidavit of Ashley Smith 211 Report
sworn before me this 2 day of Nov 2016
at Nelson, British Columbia

A Commissioner for taking
Affidavits for British Columbia

SECTION 211 FAMILY LAW ACT
FULL REPORT
PROVINCIAL COURT OF BRITISH COLUMBIA, NELSON
FILE #3339

APPLICANT: Andrew English (father)

RESPONDENT: Ashley Jean Smith (mother)

ORDERED BY: The Honourable Judge P. Seagram on June 26, 2017

CHILD: David Ryan Smith born October 3, 2016 (20 months)

SUBMITTED BY: Jill Adamson
Family Justice Counsellor

July 3, 2018

COUNSEL FOR APPLICANT: Janet Connolly

COUNSEL FOR RESPONDENT: Self-represented

The following persons were contacted:

Andrew English	Father / In person
Ashley Smith	Mother / in person
Laura Sanderson	Access supervisor / by telephone
Dorothy English	Access supervisor / in person
Cathy Niminiken	Access supervisor / by telephone
Amber Johnson	Social Worker, Nelson Ministry of Children and Family Development (MCFD) / by telephone
Liz Amaral	Nelson Community Services / by telephone
Alana McDowell	Nelson Community Victims Services / by telephone
Tashia Weeks	Infant Development Consultant, Kootenay Family Place / by telephone

Documents reviewed:

Letter from Wendy Goodrich, Pregnancy Outreach Coordinator, Trail Family and Individual Resource Centre Society (May 30, 2017)

Letters from Dr. Loukras, Kootenay Paediatrics (December 21, 2016 and July 26, 2017)

Letter from Dr. Mieske (June 16, 2017)

Record of Case Consultation, Alaina Hawken, MCFD Provincial Practice Branch, December 13, 2017

Letter from Deb Martens, Social Worker Castlegar MCFD, January 13, 2016

INTRODUCTION:

On June 26, 2017 a Section 211 Full Report was ordered under the Family Law Act by the Honourable Judge P. Seagram of the Nelson Provincial Court with regards to assessing the needs of the child David Ryan Smith born October 3, 2016 and the ability and willingness of the parties to satisfy those needs. The referral from court also noted additional issues of parenting time, contact, guardianship, parental responsibilities and a potential relocation by Ashley to Ontario.

I interviewed Ashley and Andrew separately at the Nelson Family Justice Centre. Due to David's young age it was not possible to interview him. I did observe him at his mom's home in Nelson with his brother James (3) and Ashley's boyfriend David, and at Dorothy English's home in Balfour with his dad where David usually spends weekends in a supervised situation. I also visited Andrew's home in Ymir.

Ashley does not want Andrew to have any parenting time with David because she believes Andrew sexually abused her oldest son James and is continuing to abuse David. Ashley has concerns the supervisors are not keeping close enough watch over Andrew when he has David. She wants to be able to relocate to Ontario with their son. She believes Andrew and his family and friends have intimidated her and have spread falsehoods about her mental health within the community. Ashley reported feeling Andrew was abusive towards her when they were together by twisting her words around to make her feel crazy as well as physically by punching the walls beside her head. Ashley had additional concerns Andrew had worked marijuana grow houses in the Ymir area.

Andrew denies the allegations made by Ashley and has not been charged with any wrong doing. He has concerns about Ashley's mental health and David's safety while in her care. He states she has been physically violent against him when they lived together and has been openly hostile towards him in front of their son David during pick-ups and drop offs. Andrew would like Ashley to stop making allegations about him and believes the supervision order should be lifted. He would also like to have the parental responsibilities regarding David's health and education as he and Ashley have differences of opinion regarding vaccinations.

Ashley and Andrew refer to David by different names; Andrew calls him David and Ashley calls him Ry-Ry, mostly to differentiate him from her boyfriend David who lives with her. Both names have special significance for Andrew; his father's name was David and Ryan was the name of a close friend killed in an accident. For the purposes of this report I will refer to the child by his legal first name David.

CRITERIA CONSIDERED:

This assessment has been completed based on the criteria set out in Section 37 of the *Family Law Act of British Columbia*, which directs that the best interest of the child is the only consideration.

FAMILY VIOLENCE:

It is either one or both the parties' perspective there is a history of family violence and/or current concerns related to family violence. As such, family violence will be addressed as it relates to the best interests of the child throughout this report.

FAMILY HISTORY:

Andrew grew up in the Nelson area; Ashley had moved to the West Kootenays approximately four years ago from Ontario with her then platonic friend David and they shared a home in Ymir for a time. When Andrew and Ashley began dating Ashley had a son James (now 3) from a previous relationship. A short while after they started dating Ashley became pregnant with David. Andrew moved into Ashley's home until the parties separated in November 2016 when David was six weeks old. Ashley reported having a very difficult pregnancy and feeling a lot of strain because Andrew did not help her enough with the children after their son was born. She also began to be worried about James' behaviour and said he told her "through words and actions that Andrew had been sexually abusing him." Andrew described increasingly violent behaviour by Ashley towards him culminating in her punching him in the jaw while David was in his arms. No charges resulted from this incident.

After Ashley accused Andrew of sexually abusing James, he left the home and contacted both the RCMP and MCFD self-reporting the allegation. James was examined by a pediatrician, Dr. Loukras in December 2016. Following an investigation by RCMP and MCFD, no criminal charges were laid and MCFD did not substantiate the concerns as reported. MCFD did recommend that Andrew access counselling support and parenting education. MCFD has never taken a position regarding Andrew's time with David or instituted a supervision order. Ashley continued to make similar allegations regarding Andrew and in October 2017 Social Worker Amber Johnson, made a referral to the Suspected Child Abuse and Neglect Clinic (SCAN) in Kamloops. The referral was declined because the doctor at SCAN felt that James had been appropriately assessed by Dr. Loukras and reported they would not have done anything differently. There was also confidence expressed in Dr. Loukras personally being capable of conducting such an assessment.

Currently there is a voluntary family services file open with MCFD to allow Ashley to access support services in the community. Both James and David have been subjected to multiple medical assessment and evaluations and social workers felt Ashley appeared to be interpreting all of her children's actions in the context of sexual abuse rather than in the context of age appropriate child development, becoming dysregulated and escalating quickly when discussing the issue. In December 2017 the child protection team at MCFD sought a case consultation with the Provincial Practice Branch for assistance in clarifying their role with this family; specifically whether Ashley's behaviours were causing emotional harm to the children. The finding of the consultant Alaina Hawken was that there was no current child protection concern with the children remaining in Ashley's care;

Since then complaints have been made to MCFD alleging a domestic dispute because of yelling at Ashley's apartment as well as Ashley having intense conversations out in the community regarding her fears that David is being sexually abused by Andrew and possibly others. Amber Johnson continues to connect with Ashley's many support services in the community who want to support Ashley in her belief that her children have been sexually abused but also want to find ways to encourage her to not make finding proof of the allegations the main focus of her parenting.

As per a court order from January 2017 Andrew has supervised parenting time twice a week between the hours of 5:00 pm and 7:00 pm at Nathan Wilson and Laura Sanderson's home in Ymir and additional parenting time on Tuesdays during baby and parent group sessions at the Salmio Community Centre. The court order also identifies Andrew and Ashley as David's guardians. January 20, 2017 was the first time Andrew had seen David in approximately two months. The next day Ashley took David and James back to Thunder Bay Ontario by bus without notice to Andrew. Ashley's sister Dakota alerted Andrew to this and Andrew was granted a non-removal order and a police enforcement clause on January 27, 2017. In February Andrew travelled to Ontario to make application to Court there to have Ashley and David return to the West Kootenays. A Consent Order was made at the Thunder Bay Ontario Court of Justice on March 30, 2017 specifying that Ashley return to Nelson with David on or before April, 2017. Andrew resumed supervised time with David and attended the Building Beautiful Babies group with him on Tuesdays in April and May.

The parties returned to Court in June 2017 and the current Interim Order setting out a graduated parenting plan was granted with overnights starting in August 2017 after David had an appointment with a pediatrician, Dr. Loukras. Additional supervisors were identified as Dorothy English, Patrick Eggie, Catherine and Robert Niminiken, Julia English or David Gottdenker. Andrew currently sees David every Monday and Thursday from 5:00 pm to 7:00 pm and every weekend from Friday at 5:00 pm to Sunday at 5:00 pm. The exchanges take place at the Nelson Public Library. Because all of his time with David is supervised Andrew is unable to have David stay at his home on weekends in Ymir. Most weekends Andrew and David stay at Andrew's aunt's (Dorothy English) home in Balfour, and during the week he stays in Nelson with David, either going to restaurants accompanied by Laura Sanderson or going to her home. They have also attended Kootenay Kids dad's group on Monday nights in Nelson. Andrew and the various supervisors report Ashley frequently fails to show up without notice to him or the supervisors and at times has displayed anger towards Andrew at the drop off, including calling him a pedophile in public and in front of David.

CHILD'S CIRCUMSTANCES:

David is one and a half years old and presents as a friendly, outgoing toddler who is adventurous and loves his hugs and cuddles. Ashley described different behaviour exhibited by David than Andrew and the supervisors. Ashley reported

he returns from weekends with Andrew very upset, non-stop screaming and smashing his head, having difficulty sleeping and sobbing persistently. Ashley also expressed concern that David would return from the weekend with Andrew and be sick. Amber Johnson, Social Worker reported Ashley told her David screams uncontrollably every time she changed his diapers; Ms. Johnson did not witness this behaviour during her observations. Ashley has told her she videotapes David's anus every time he comes back from spending time with his dad and has taken him to the hospital when she believes his anus is dilated but doctors have not found any medical evidence he has been interfered with.

When I visited Ashley's home, David and James were showing off a bit for my benefit and when David fell and hit his head he cried but responded when his mom comforted him. Ashley says David enjoys going for walks, playing peek-a-boo, going to the pool and has started doing puzzles. Ashley's boyfriend David presented as a hands-on caregiver with both of the boys and calmly encouraged them to share, to slow down and fed them healthy snacks. David sleeps in his own bed in Ashley and David's room because Ashley wants to keep him separate from James because of James' sexualized behaviour.

Dr. Loukras described David as a social and easily engaged infant when she examined him in August 2017 in the care of Andrew. She described him as a healthy boy who seemed well attached to his father. Ashley was worried David may have a rare metabolic disease but Dr. Loukras found no evidence of a serious illness. She recommended David be vaccinated and his weight monitored.

Liz Amaral, Parent Support Worker at Nelson Community Services has met with Ashley and David approximately once a month on Wednesdays since June 2017 when Ashley and the children returned from Ontario. Ms. Amaral recently made a referral for David to Speech and Language at Public Health because she believed his language skills were delayed. Ms. Amaral noticed that when she saw David after what Ashley described as a "difficult visit" with his dad his language skills regressed and he would revert back to pointing. Ms. Amaral has at times observed David being very clingy to his mom, and other times he appears as a normal one year old.

Tashia Weeks, Infant Development Consultant with Kootenay Family Place has been seeing David on an ongoing basis. She attended David's recent appointments with the speech pathologist who believes his expressive language delay is emotional based. Ms. Weeks has concerns about his clumsiness and would like to have his ears tested to rule out any inner ear imbalance. During her last home visit, Ms. Weeks observed on two occasions David looked vacant when lying down, and she will be keeping an eye on this as Ashley has said it occurs regularly. Ashley conveys many concerns to her about David's behaviours which include excessive crying, night terrors, diaper rash and refusal to be changed, clinginess, refusing to bathe and touching his genitals/ trying to touch

others that Ashley feels are the result of sexual abuse. Ms. Weeks has explained that while she can't say for certain that these behaviours are not signs of sexual abuse, they can be found in other children his age due to other reasons, although usually not the intensity and or frequency reported by Ashley. Ms. Weeks has observed some dysregulated behaviour by David and will continue to monitor his emotional and physical development. She has been encouraging Ashley to engage in child-led play and use concepts from the Circle of Security parenting program.

Andrew and the supervisors I spoke with said they have never observed extreme behaviour exhibited by David. When they see him in the early evenings on Monday and Thursday David is often very tired and just snuggles in with Andrew and sleeps. Andrew expressed some concern that David had possibly been given medication on those days that made him drowsy. Supervisors Cathy Nlminiken and Laura Sanderson both mentioned how sleepy David appeared during the week. Ms. Sanderson described David as "very inquisitive and smiley and listens to Andrew and seems very much attached to him." She has noticed David eats everything he is given and is starting to use his words. Ms. Nlminiken believes David adores his dad and loves to snuggle with him and is very well behaved in restaurants. I observed David with his dad at Dorothy English and Pat Eggies' home in Balfour. Dorothy and Pat have horses and dogs and David spends time outside a lot with them and was excitedly pointing out the different horse pictures and outside where the horses were. Dorothy and Pat have taken on a grandparent role with David and there is an obvious attachment and warmth between them. David appeared content and followed Andrew's directions well for the most part during my visit.

Andrew and Dorothy report that when they pick up David he is often quite tired so they ensure he is fed and put into bed by 7:30 pm and he usually wakes up at 7:30 am full of energy. I observed Andrew putting David down for a nap around 11:00 am in Dorothy and Pat's room with the door opening to the living room and he settled fairly quickly. Their home is very compact and Andrew sleeps next door. If David wakes up in the night Andrew comes in to settle him down in their room, but he most often sleeps through the night. Dorothy says he usually goes down to sleep easily and other than usual toddler moments David is a good natured child.

PARENTAL CAPACITY:

Andrew works as a contractor for a drywall company and hopes to become an employee soon so will be eligible for benefits that he can access for David. He lives in the same home he shared with Ashley and has a roommate who works for the same company. The home was neat and tidy. As David has not been spending time there the home now is not furnished with a child focus but Andrew stated he would bring toys and bedding currently at supervisors' homes to make it more appealing to David. He also said that if having a male roommate at his home became a barrier to being allowed to have David at his home he would

make alternate arrangements. There is a very large walk-in closet attached to his bedroom which he says he will convert into a bedroom for David. Andrew is very frustrated that Ashley has accused him of sexually abusing James. The family and friends he has as parenting supervisors are very supportive of him and the ones I spoke with describe him as a patient and loving father who has remained steadfast in spending time with David despite the allegations made against him and Ashley's sometimes open hostility and failure to show up at times without notice. Andrew is grateful for the support offered by the supervisors, especially his aunt and uncle. His sister Julie has also been supportive. His father has passed away and he is distancing himself from his mother because of her "ongoing health issues" which Andrew believes does not make her a positive support.

Andrew indicated he would like to be able to access the same information as Ashley regarding David's development needs. He worries about how he and Ashley are going to be able to co-parent in the future, particularly about issues like toilet training. When he attended the Beautiful Babies group in Trail, the facilitator Wendy Goodrich indicated he asked many questions about parenting and willingly received handouts from her. She described him as being an interactive and attentive parent during his time in her group. Andrew has also accessed support from the Kootenay Kids men's group on Mondays during his parenting time with David. I observed a warm relationship between Andrew and David with lots of reciprocal hugs.

Ashley is a stay at home mom who does not have family support in the Nelson area other than her boyfriend David, although she has built up a strong network of community support workers and advocates. Ashley lives with her boyfriend David and the two boys in a two bedroom apartment which is child centred and as orderly as an apartment can be with two preschool age children.

Ashley was open about having experienced trauma when she was young. When I met with Ashley she presented as concerned and perhaps exhausted from the ongoing Court and MCFD processes. She calmly answered questions and described herself as an intuitive person who has helped others recover from traumatic pasts.

Following the separation Ashley felt under attack from Andrew and his family as she kept him away from the children. She made sure she slept with the boys and made up a safety plan with Victims Services. Alana McDowell, Victim Support Worker related that she and Krista Evnson worked with Ashley extensively to provide emotional support for her when the allegations against Andrew were made. The file with Victims Services is considered inactive at this point because criminal charges were not laid. Ms. McDowell said Ashley presented as quite stressed because authorities did not believe her and she was doing her best to be a good mom faced with dealing with her children's disturbing behaviours.

Ashley felt Andrew turned the community of Ymir against her so she went to Ontario in January 2017 "to escape." She would like to return to Ontario as both she and her boyfriend are from there and although Ashley does not feel supported by her family because they helped Andrew, she has a network of friends there. Andrew said he met Ashley soon after losing a friend tragically and Ashley was very kind and understanding towards him at first. Following the birth of David he experienced physical violence from Ashley and has witnessed her screaming at David as well as at himself in public in front of David. The supervisors I spoke with expressed frustration that Ashley was not more considerate of their time since they often made arrangements to meet Andrew at the Library and Ashley would not show up.

In the MCFD case consult, Ms. Hawken suggested Ashley be given "increased understanding of typical child development so that the children's behaviours can be considered in the context of this as well their possible experiences of sexual abuse and helping the children move to a place where the sexual abuse is no longer the defining or controlling factor in their lives." She also noted Ashley's ability to reach out for support in the community as a positive thing for her children.

ASSESSMENT AND SUMMARY:

Ashley and Andrew lived together briefly before separating in November 2016 when David was six weeks old after Ashley accused Andrew of sexually abusing James. In January 2017 Ashley took the two boys with her to Ontario until court orders were made forcing her to return to Nelson. David's time with his father has been supervised through a combination of friends and family members, yet Ashley believes Andrew is now abusing David. It is beyond the scope of this Report to ascertain whether these allegations are true. There have been investigations conducted by MCFD and the RCMP following these accusations. To date there have been no charges laid against Andrew, and the supervision of his parenting time came from family court and not through a directive from MCFD.

Child protection reports have also been made regarding Ashley. The child protection team asked for a consultation by the Ministry Practise Board which found the children were not currently experiencing emotional harm from Ashley but recommended both children remain in contact with community services and

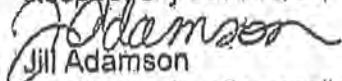
that Ashley receive education and encouragement to view James and David's behaviours through a child development lens and not one that focuses on sexual abuse..

Ashley certainly believes Andrew is a threat to David and it is obvious she struggles to facilitate his parenting time. She spends many hours with support workers in the community who provide counselling to her and the children and who are supportive of her concerns. I observed a warm relationship between David and both of his parents although they both describe very different behaviours exhibited by their son. David has been seen by a speech pathologist who believes he has some emotional-based expressive language delay. Professionals who have observed him describe varying behaviours.

Although Andrew has been frustrated by having his parenting time with David supervised for over one year, he has received the benefit of gaining experienced parenting advice as well as developing a stronger relationship with his aunt Dorothy who along with her spouse Patrick provide a grandparent-like relationship for David which is beneficial to him. The supervisors have willingly supported Andrew for many months but are getting frustrated because sometimes Ashley does not show up without notice. The numerous supervisors involved have experienced Andrew to be an engaged, capable parent with whom David is attached to. The pick-ups and drop offs create a stressful atmosphere for David and care should be taken by all the adults involved to make them as easy as possible for him.

Both parents are guardians, but due to the complexities within this family have not found a way to share valuable information regarding their son's emotional and physical development. Andrew has not been able to access information from the community support workers involved with David, and they have not had the opportunity to observe his parenting. Should the court find Andrew's parenting time remain supervised or not, a good first step would be for Andrew to meet with Tashla Weeks, the Infant Development Consultant so both parents receive the same information regarding David's development needs. Ms. Weeks may be able to identify parenting strategies for use by both parents to help David navigate this very stressful co-parenting arrangement. This may mean he needs to have parenting time with David during work hours to allow for this once in a while. David should see one doctor on an ongoing basis to provide some continuity for his physical well-being. The parenting schedule could be reviewed to ensure the transitions times are working for David; perhaps Monday evening time with Andrew could be shifted to Tuesday since David just comes back to his mom on Sunday.

Respectfully submitted,



Jill Adamson

Family Justice Counsellor, Family Justice Report Service



Interior Health
Emergency / Outpatient Record

Bed #

SMITH, DAVID RYAN

ACT KL0023685/19

DOB 03 OCT 2016

M

1Y 9M

HCN 9729382779

INS 9729382779

BCC

MRP MCBRIDE, DHARMA

NELKLHED

FAM FITZSIMONS, CARRIE

OTH

ADM 27 JUL 2018 09:52

807-355-7355

This is Exhibit "H" referred to in the
affidavit of Ashley Smith, July 27, Doctor
sworn before me this 12 day of Nov, 2018
at Nelson, British Columbia

CTAS Level	ALLERGIES <input type="checkbox"/> None Stated • See ADR <input type="checkbox"/> Unknown	MEDS <input type="checkbox"/> None <input type="checkbox"/> Unknown • BPMH
PHYS Assess Time	Temp 37°C Pulse 113 Resp 23 BP SpO2 97% on Pain Glucose MOST Weight	EMERGENCY PHYSICIAN MCBRIDE
Account Time	CC: HPI: - was w/ father from 5-7pm yesterday; was supposed to supervised but wasn't; Father has Hx of abusive behavior w/ other child. - mom has noticed behavior changes; especially right after being w/ father o/e DEFINITE TAKING OF ANTERIOR ASPECT OF FOREHEAD, & SK	ORDERS <input type="checkbox"/> Emerg Panel <input type="checkbox"/> Coma Panel <input type="checkbox"/> Cardiac Panel <input type="checkbox"/> Hepatic Panel <input type="checkbox"/> Sepsis Panel <input type="checkbox"/> Trauma panel <input type="checkbox"/> EKG <input type="checkbox"/> CXR <input type="checkbox"/> ABD x 1 <input type="checkbox"/> CSpine XR <input type="checkbox"/> CXRP <input type="checkbox"/> ABD x 2 <input type="checkbox"/> ABD x 3 <input type="checkbox"/> RU +/- UC <input type="checkbox"/> Urine Dip <input type="checkbox"/> UTOX <input type="checkbox"/> uBHCG (qual) <input type="checkbox"/> UC <input type="checkbox"/> TROP <input type="checkbox"/> BNP <input type="checkbox"/> Blood Cultures <input type="checkbox"/> INR <input type="checkbox"/> CRP <input type="checkbox"/> BHCG (Quant) <input type="checkbox"/> D-Dimer <input type="checkbox"/> VBG <input type="checkbox"/> Group & Screen <input type="checkbox"/> Old Chart <input type="checkbox"/> MHSU ref/Overdose OE
Transfer Time	DICTATED	
Call to Transfer	REASSESSMENT - d/wd dr Fitzsimmons (10 ⁴⁵) - d/wd mom w/ police ROBERT (11 ¹⁰) - d/wd officer (NH) JAMES	
Depart ED	FINAL DIAGNOSIS	Patient Instructions <input type="checkbox"/> Emergency Visit Discharge form
Mode AIR HART GROUND COMBINED (AIR/ GROUND)	FOREHEAD TRAUMA	(1) AT POLICE & POLICE (2) POLYSPRIN ONLY SW
Discharge Time	PHYSICIAN SIGNATURE	ICD 10 CODE _____ Disposition code (for clerical staff only) _____

Name: Smith, David Ryan

MRP:

FamPhys: Fitzsimons, Carrie L

PrimProv:

Age: 1Y 09M

DOB: 03/10/2016

Sex: M

Ph: 807-355-7355

Type: DEP ED

Loc: NELKLHED

ADM: 27/07/18

DIS: 27/07/18

Acct: KL0023685/19

MedRec: KL00107637

HC#: 9729382779

Attn:

Emergency Department Visit Signed

I saw this 1 year and 9-month-old boy in the emergency room at Kootenay Lake Hospital today in regard to apparent trauma to the penis. He came in with his mother.

David has a file with the ministry regarding reported abuse by the father. David's mother and father are separated and there has been claims from the mother of abuse of the older brother. I understand that this is a complex ministry case and I will not review all the details here, but it is not completely clear whether there is substantive evidence to backup the mother's claims. Apparently David was at his father's yesterday from 5 to 7 p.m. His mother says that these visits are meant to be supervised, but apparently this one was not. When David returned home to her last night apparently he was somewhat distant and had some quiet behavior. She put him to bed not noticing anything untoward, however he woke up in the middle of the night complaining of pain in his penis. When she checked at that time she noted some evidence of either excoriations or tears of his foreskin. She presents this morning to have these documented and have an examination performed. She denies any other signs of trauma or abuse.

On exam, I saw David with medical student (Aimee) as well as the mother. I have made photo documentation under the secure texting platform of the exam.

Examination of the penis showed excoriations of the foreskin superiorly. There is no surrounding erythema that would suggest a balanitis. Certainly these do look fairly recent and I would suspect that this is likely within the last 24 hours. There is no obvious other trauma although I did not do a full exam of the abdomen. He did not have any bruising and he was otherwise in no apparent distress. He was afebrile at 37 with a pulse of 113, respiratory of 28, and saturations 97% on room air. He was actually quite amicable when we first did the examination, however on removing his pants he was quite distressed although consoled by his mother. As mentioned, a single photo was taken and sent to Dr. Fitzsimons. Of note, there was a visit approximately 2 weeks ago to Dr. Fitzsimons for some foreskin smegma buildup. I do not see any obvious smegma. However, I did not fully retract the foreskin to see the full extent along the glans.

I have had a discussion with Dr. Fitzsimons to let her know what has occurred. I have also talked to the social worker, Robert, at the ministry today. I have also had a discussion with detective Duncan of the Nelson Police Department to give my account of what I have witnessed today. I will leave it in the capable hands of Dr. Fitzsimons, the ministry and the police department to proceed. In regards to care of this foreskin injury, I have asked mom to apply Polysporin ointment twice daily for the next few days to ensure that there is no adhesions. Should there be any signs of infection or any new symptoms the mother has been asked to bring him back to the emergency department.

"This document has been produced as dictated and will NOT be available in the MyHealthPortal"

*** If fax received in error call IH Information Privacy & Security toll free at 1-855-980-5020 ***

Emergency Department Visit

Name: Smith, David Ryan

Acct: KL0023685/19
MedRec: KL00107637

Dharma McBride MD

Dictated by: McBride, Dharma
Transcribed/Edited by: LAFS

Dictated Date: 27/07/18 1544
Transcribed Date: 30/07/18 1329

Copies: Fitzsimons, Carrie L; McBride, Dharma
Report: 3007-0072

"This document has been produced as dictated and will NOT be available in the MyHealthPortal"

*** If fax received in error call IH Information Privacy & Security toll free at 1-855-980-5020 ***



Nelson Police Department

606 Stanley Street, Nelson, British Columbia V1L 1N4
Telephone: 250.354.3919 Fax: 250.354.4179
Email: court@nelsonpolice.ca

This is Exhibit " I " referred to in the
affidavit of Ashley Smith, Police Sep 29
sworn before me this 2 day of Nov 2018
at Nelson, British Columbia


A Commissioner for taking
Affidavits for British Columbia

Mr. David Barron
302-505 Beasley St W
Nelson BC
V1L 5X3

Mr. Barron,

Please find enclosed a copy of Nelson Police Department file 2018-4730 as per your request dated September 24, 2018.

The file has been vetted to protect third party information and police related investigation techniques as per the Freedom of Information Act.

Sincerely,



Sgt. Dan Markevich #66

NELSON POLICE DEPARTMENT
606 STANLEY ST
NELSON BC
250-354-3919 EXT 686
markevich@nelsonpolice.ca

NELSON POLICE DEPARTMENT
GENERAL OCCURRENCE HARDCOPY

GO# NP 2018-4730

DOMESTIC DISPUTE-NO ASSAULT

GENERAL RELEASE

Purpose: **GENERAL RELEASE**

Date Released: **Saturday, 2018-Sep-29**

Time Released: **10:18**

Authorized by: **HPATA-PATROL A SUPERVISOR**

Authorized by: **NP66-MARKEVICH, DAN**

Released by: **HPATA-PATROL A SUPERVISOR**

Released by: **NP66-MARKEVICH, DAN**

Person: **BARRON, DAVID PAUL**

Address: **302-505 BEASLEY ST W**

City: **NELSON**

Province: **BRITISH COLUMBIA**

Postal code: **V1L5X3**

*** CONFIDENTIAL ***

3

**NELSON POLICE DEPARTMENT
GENERAL OCCURRENCE HARDCOPY**

GO# NP 2018-4730

DOMESTIC DISPUTE-NO ASSAULT

General Occurrence Information

Main offence: **DOMESTIC DISPUTE-NO ASSAULT -**

Reported on: **Friday, 2018-Sep-21**

Occurred on: **Friday, 2018-Sep-21**

Related Event(s)

CP NP 2018 - 4730

Related Person(s)

1. COMPLAINANT 1 - BARRON, DAVID (Case-specific)

Sex: **MALE**, Born on: **1988-May-16**

Residing at: **505 W BEASLEY ST, NELSON
BRITISH COLUMBIA**

Phone numbers

Type	Phone #	Ext.	
HOME	(250) 352-7200		(Primary)

Particulars

Driver's licence: **0204632** **BRITISH COLUMBIA**

Ethnicity: **CAUCASIAN**

Linkage factors

Ethnicity: **CAUCASIAN**

Master Name Summary

Name: **PAUL, DAVID**

Sex: **MALE**, Born on: **1988-May-16**

Residing at: **505 W BEASLEY ST, NELSON
BRITISH COLUMBIA**

Phone numbers

Type	Phone #	Ext.	
HOME	(250) 352-7200		(Primary)

*** CONFIDENTIAL ***

4

NELSON POLICE DEPARTMENT
GENERAL OCCURRENCE HARDCOPY

GO# NP 2018-4730

DOMESTIC DISPUTE-NO ASSAULT

Narrative: SYNOPSIS - 1

Subject: SYNOPSIS

Author: NP86 ANSTEY, JASON

Related date/time: Saturday, 2018-Sep-22 01:08

Background:

[REDACTED]

Summary of Events:

On Friday, September 22, 2018 at approximately 1655 hours, the complainant David BARRON, [REDACTED], was dropping off [REDACTED] to [REDACTED]. The exchanged occurred in front of the library at 602 Stanley St, Nelson.

BARRON informed [REDACTED] of an injury that occurred to [REDACTED], in which [REDACTED] tripped and fell.

[REDACTED] instructed [REDACTED] to hit BARRON on the arm and then directed [REDACTED] to kick him. When [REDACTED] failed to kick him, [REDACTED] picked up [REDACTED] and used [REDACTED] foot to hit him.

BARRON then attended to the police station to make the report a 1800 hours.

Cst Anstey called the phone number for BARRON and left a message. No return call was received.

At this time there is no way to determine the nature of the events. The hit from [REDACTED] would most likely be insignificant. [REDACTED]

*** CONFIDENTIAL ***

5

NELSON POLICE DEPARTMENT
GENERAL OCCURRENCE HARDCOPY

GO# NP 2018-4730

DOMESTIC DISPUTE-NO ASSAULT

SUI pending call back from complainant.

Cst ANSTEY 86

NPD

*** CONFIDENTIAL ***

6

NELSON POLICE DEPARTMENT
GENERAL OCCURRENCE HARDCOPY

GO# NP 2018-4730

DOMESTIC DISPUTE-NO ASSAULT

Narrative: CONCLUDING REMARKS - 1

Subject: Concluding Remarks

Author: NP86 ANSTEY, JASON

Related date/time: Monday, 2018-Sep-24 20:38

David BARRON called back on Sunday, September 23, 2018 at 1900 hours. He confirmed the assault was trifling in nature and did not warrant charges. He was more concerned about the poor parenting skill of [REDACTED]

[REDACTED]

[REDACTED]

CH
NP86

*** CONFIDENTIAL ***

NELSON POLICE DEPARTMENT
GENERAL OCCURRENCE HARDCOPY

GO# NP 2018-4730

DOMESTIC DISPUTE-NO ASSAULT

*** END OF HARDCOPY ***

*** CONFIDENTIAL ***

Dr. Carrie Fitzsimons, M.D., F.R.C.P.(C)

411 - 3 View Street
Nelson, BC V1L 2V1
PHONE: (250) 352-9766 FAX: (250) 352-9757

Oct 01, 2018

Dr. Marisa van der Vyver
Ancron Medical Centre
Suite 108 - 402 Baker Street
Nelson, BC V1L 4H8
Phone: 250-352-9144
Fax: 250-352-9141

RE: David Smith
DOB: 03-Oct-2016
PHN: 9729382779, BC
Phone: Home (807) 355-7355
Home (250) 352-7200
Addr: 411 West Richards Street
Nelson, BC V1L 3K2
Date Seen: 01-Oct-2018

This is Exhibit "J" referred to in the
affidavit of Ashley Smith, Doctor Note
sworn before me this 2 day of Nov 2018
at Nelson, British Columbia

A Commissioner for taking
Affidavits for British Columbia

Dear Dr. van der Vyver,

HISTORY: David came today for discussion of foreskin management. He apparently was taken to ER on September 23, 2018. I got a copy of the ER record of Dr. Gueordjef. I understand he thought there was a phimosis and recommended referral to urology for discussion of circumcision. I have seen David multiple times and have been in discussion with Dr. McBride from ER on a previous visit when the foreskin seems to have been traumatized by query forcible retraction. MCFD has been involved in the past. I have seen David for his penis before but found only smegma and no other abnormality.

PHYSICAL EXAMINATION: Today I see a well child with normal skin. No bruising. No swelling of foreskin. No laceration. Smegma pellet smaller than previously seen. Foreksin does not retract.

Weight	11.6	kg
Imperial weight	25.6	lbs.

SUMMARY AND RECOMMENDATIONS: In general terms, circumcision is not routinely recommended. It is a personal decision for some families. The indication would be **recurrent balanitis, posthitis or phimosis**. I am aware of the one episode of query abrasion secondary to possible retraction and the recent ER visit. I am not in receipt of any photos of that event. At this time, I would not be recommending circumcision given this history. A tight foreskin can be treated with topical steroids if it is problematic.

I would strongly advise consistent medical care for this child with a minimum number of doctors. I will take the opportunity to speak with Dr. Mieske who has been the family doctor for father. She has been charged with the urology referral.

Yours sincerely,



Dr. Carrie Fitzsimons, M.D., F.R.C.P.(C)

From: Cathy Swanston [mailto:cswanston@servicesfyi.ca]

Sent: Wednesday, October 31, 2018 4:11 PM

To: Makortoff, Sara MCF:EX <Sara.Makortoff@gov.bc.ca>; Roberts, Dwyn MCF:EX (Dwyn.Roberts@gov.bc.ca) <Dwyn.Roberts@gov.bc.ca>

Cc: Ernie Wood (ewood@servicesfyi.ca) <ewood@servicesfyi.ca>

Subject: following up

Hello. Apologies for wading in, but I have worked with James Smith in the past and started further sessions with him more recently at mom's request, when mom was escalated over going to Court this fall and was concerned about the impact her stress level was having on James. I wanted to share that it has been some time since James was exposed to Ryan's father, and in the past Ashley was clear that James not be present at drop offs or pick-ups for Ryan because it seemed that Andrew was a trigger for James. James directly expressed to me that he has a fear of Andrew and that he worries about Ryan when he is with Andrew. I am advocating that if there really is no other option but to place James with Ryan's family member, that James not be put in a position where he has contact with Andrew. I did let the foster parent know that I had a previously booked session for James with me on Friday the 2nd at 11 in case she had him and could bring him for the session. If he is moved before Friday is it possible to convey that to the placement?

Thanks for your consideration, Cathy.

Cathy Swanston | Child and Youth Counsellor

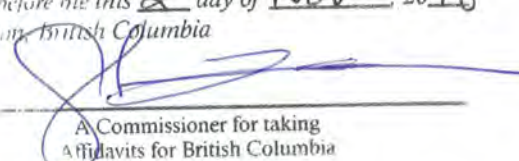


#201 - 518 Lake Street | Nelson BC | V1L 4C6

Ph | 250-352-3504 Ext. 224

Office hours text cell | 250-551-9125

Email | cswanston@servicesfyi.ca

This is Exhibit " K " referred to in the
Statement of Ashley Smith, Cathy Email
given before me this 2 day of Nov, 2018
Vernon, British Columbia

A Commissioner for taking
Affidavits for British Columbia

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender and delete the material.

Fwd: following up

Ashley Smith <anonymous.enigma@hotmail.ca>

Thu 01/11/2018 22:34

To: david.barron88@outlook.com <david.barron88@outlook.com>;

Get [Outlook for Android](#)

From: Ashley Smith <anonymous.enigma@hotmail.ca>

Sent: Thursday, November 1, 2018 10:33:30 PM

To: David Barron

Subject: Fwd: following up

Get [Outlook for Android](#)

From: Cathy Swanston <cswanston@servicesfyi.ca>

Sent: Wednesday, October 31, 2018 4:16:17 PM

To: anonymous.enigma@hotmail.ca

Subject: FW: following up

Hello. I sent this to social worker and will keep you posted. Stay safe and keep eating so that you have strength Ashley. One step at a time.
Cathy.

Cathy Swanston | *Child and Youth Counsellor*



#201 – 518 Lake Street | Nelson BC | V1L 4C6

Ph | 250-352-3504 Ext. 224

Office hours text cell | 250-551-9125

Email | cswanston@servicesfyi.ca

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Supporting families, youth & individuals

Cathy Swanston
Child and Youth Counsellor, NCS

July 30, 2018

Re: James Smith, eldest son of Ashley Smith, born Se

I am writing at the request of Ashley Smith, mother of James. I worked with James at the request of both Ashley Smith and James's previous Play Therapist, Carmen Carter, under the NCS contract for the Sexual Abuse Intervention Program, over the period October 2017 – June 2018.

Ashley's concerns about possible previous sexual abuse were credible given the behaviours she described, which are consistent with the behaviours of a child who has experienced abuse. My role is not investigative, but involves supporting a child to move forward with as safe and healthy boundaries as possible. During the time I was involved, therapeutic goals for James were related to supporting James in identifying and verbally expressing feelings, making sense of his experiences, and reinforcing both safe and healthy boundaries and his felt sense of safety. Based upon my involvement, I am unable to speak to proof of wrong doing by any party, but can authentically share the determination of Ashley to act in the best interests of James and to support his healthy development.

Regards,

A handwritten signature in dark ink, appearing to read 'C Swanston', is written over a light blue horizontal line.

Cathy Swanston
Child and Youth Counsellor, Nelson Community Services
#201-518 Lake Street, Nelson
250-352-3504 ext. 224
Office hours text: 250-551-9125
cswanston@servicesfyi.ca

This is Exhibit " L " referred to in the
affidavit of Ashley Smith, Support letter
sworn before me this 2 day of Nov, 2018
at Nelson, British Columbia

A handwritten signature in blue ink is written over a horizontal line.

A Commissioner for taking
Affidavits for British Columbia

Nelson Community Services

Main Office
#201-518 Lake Street
Nelson, BC V1L 4C6
Ph | 250.352.3504
Fax | 250.352.3750

Cicada Place

Youth Services & Housing
605 Lake Street
Nelson, BC V1L 4C7
Ph | 250.352.3504
Fax | 250.352.9907

Aimee Beaulieu Transition House

Ph | 250.354.4357
Fax | 250.354.4977

servicesfyi.ca



Supporting families, youth & individuals

July 24, 2018

To Whom It May Concern:

This letter is written as confirmation that Ashley Smith has requested and is receiving parenting support. She has asked for appropriate ways to respond to her sons.

Sincerely,

A handwritten signature in black ink that reads 'Liz Amaral'.

Liz Amaral
Parenting Support Worker

Nelson Community Services
Main Office
#201-518 Lake Street
Nelson, BC V1L 4C6
Ph | 250.352.3504
Fax | 250.352.3750

Cicada Place
Youth Services & Housing
605 Lake Street
Nelson, BC V1L 4C7
Ph | 250.352.3504
Fax | 250.352.9907

Aimee Beaulieu Transition House
Ph | 250.354.4357
Fax | 250.354.4977

servicesfyi.ca



KOOTENAY FAMILY PLACE
Society for Children & Youth
WEST KOOTENAY INFANT DEVELOPMENT PROGRAM

July 31st, 2018

Re: David Ryan Smith
D.O.B.: October 3rd, 2016

To Whom it may concern,

I received a referral for David in September 2017 from Jessica Cole at Nelson Community Services. The reason was regarding concerns around his development, regression of skills and atypical behavior. I have met with David and his mother Ashley on many occasions to discuss ways to support his development and behaviour. I will continue to see him as long as my services are needed.

Sincerely,

Tashia Weeks

IDP consultant

767 11th Avenue Castlegar, B.C. V1N 1J7
Phone 250-505-2498 or 778-460-5112 Fax 250-365-5792
www.kootenayfamilyplace.org email tashia.idp@kootenayfamilyplace.org

July 26, 2018

To Whom It May Concern,

Ashley Smith has been and is currently attending counselling as part of the Stopping the Violence (STV) Women's Counselling Program since August 11th, 2017 attending a total of thirty counselling sessions to date. Ms. Smith consistently attends her appointments and is actively engaged in the counselling process.

The STV Women's Counselling Program is for self-identified adult women who are experiencing violence/abuse in relationships or who have experienced sexual assault, violence/abuse in relationships or childhood abuse. All appointments are held at Nelson Community Services (518 Lake Street, Nelson BC).

Sincerely,



Jessica Cole | STV Counsellor



www.servicesfyi.ca

#201 – 518 Lake Street | Nelson BC | V1L 4C6

Ph | 250-352-3504 Ext. 225

Fax | 250-352-3750

Email | jcole@servicesfyi.ca

NCS is a COA Accredited Organization

Nelson Community Services

Main Office

#201-518 Lake Street

Nelson, BC V1L 4C6

Ph | 250.352.3504

Fax | 250.352.3750

Cicada Place

Youth Services & Housing

605 Lake Street

Nelson, BC V1L 4C7

Ph | 250.352.3504

Fax | 250.352.9907

Aimee Beaulieu Transition House

Ph | 250.354.4357

Fax | 250.354.4977

servicesfyi.ca

To Whom It May Concern,

Ashely Smith, Dave Barron, James Smith and Ryan Smith have been engaged in Family Support Service with Nelson Community Services since April 4th 2018. The family has regular attendance and have attended 14 sessions as to date. Ashley and the family are actively engaged in Family Support services and have been addressing set goals.

Sincerely,



Lindsay Dew,

Family Support, Nelson Community Services

July 24th, 2018

Nelson Community Services

Main Office
#201-518 Lake Street
Nelson, BC V1L 4C6
Ph | 250.352.3504
Fax | 250.352.3750

Cicada Place

Youth Services & Housing
605 Lake Street
Nelson, BC V1L 4C7
Ph | 250.352.3504
Fax | 250.352.9907

Aimee Beaulieu Transition House

Ph | 250.354.4357
Fax | 250.354.4977

August 6, 2018

To Whom It May Concern,

Ashley Smith has been accessing resources through the Women's Outreach Program at Nelson Community Services. This is a voluntary program funded by the Ministry of Public Safety and the Solicitor General. The purpose of this program is to support women and their children impacted by Domestic Violence through advocacy and connection to resources.

Ashley and I have spent time Safety Planning, seeking information and advice through the LSS Lawline and networking with other support providers including Specialized Victim Services, SKY (Safe Kids and Youth), Police Based Victim Services and other service providers at Nelson Community Services.

I have found Ashley to be a caring, self aware woman who is passionately focused on the best interest of her children.

Sincerely,

Ernestine Wood



Women's Outreach
Nelson Community Services
250-352-3504 ext.227
ewood@servicesfyi.ca

Dr. Kelly Newhouse
Dr. Jordan Yurchevich

366 Baker Street
Nelson, BC V1L 4H5



Nelson Family Eyecare
OPTOMETRY CLINIC

Website: www.nelsonoptometry.ca
Email: info@nelsonoptometry.ca

Phone: (250) 352-5152
Fax: (250) 352-7920

3 August 2018

To Whom it May Concern,

RE: David Smith **DOB: 3 October 2016**
Phone Number: (250) 352-7200 **PHN: 9729382779**

(David) Ryan Smith presented to me on 3 August 2018 for an oculo-visual examination. Results of my examination were as follows:

Chief Complaint: intermittent clumsiness, first eye exam - falling all over the place, possible recent abuse by father (reported by mother) - referred by infant development with public health

Current Medication: No Medications, No Ocular Medications,

Family Ocular History: Negative,

Patient Ocular History: Negative

Ocular Surgery: Negative, ,

	OD	OS
Unaided VA:	UTA	UTA
Pupils:	PERRL & RAPD Negative,	
Anterior Segment		
Lids/Lashes:	Healthy	Healthy
Conjunctiva:	Healthy	Healthy
Cornea:	Clear	Clear
Angles:	Grade 4(1:1)	Grade 4(1:1)
Anterior Chamber:	Quiet	Quiet
Lens:	Clear	Clear
Posterior Segment		
C/D ratio:	0.2	0.3
Nerve Head:	Healthy rim/margin	Healthy rim/margin
Macula:	Healthy	Healthy
Posterior Pole:	Healthy	Healthy
Periphery:	Healthy	Healthy

Ryan's ocular health, binocular vision, and refraction were all normal for his age. I will see him again before he starts Kindergarden or if there are any concerns.

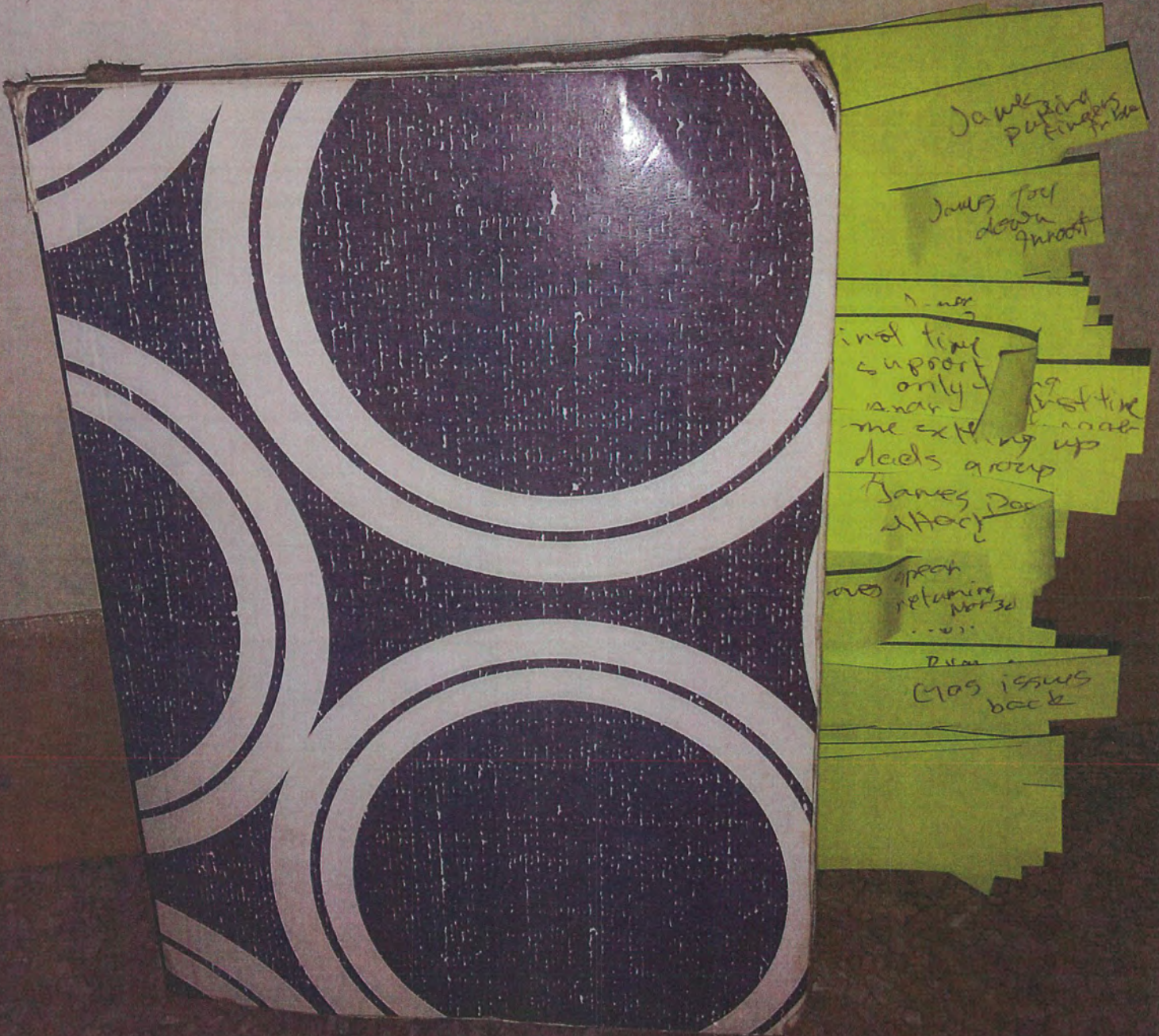
Sincerely,

Jaelyn McComas, Locum OD

cc: Fitzsimons, Dr. C

This is Exhibit "U" referred to in the
affidavit of Ashley Smith notes
sworn before me this 2 day of Nov 2018
at Nelson, British Columbia

A Commissioner for taking
Affidavits for British Columbia



May 27

James woke up chattering, spit started coming out
(trauma??)

mother's day

visit 2-2

Ryan returned unresponsive
lathargic would not wake

Joanna & I tried sitting him
up, talking to him, addl. blt
on face

we zipped checked diaper

Part thick hair on

outside of diaper, hardly
notice (was not changed)

exceeded Ben

anus dilated multiple
times Ryan woke up

crying, comforted &
fed Ryan then up
3 times a lot

took to emerge 4:15

Ryan didn't sleep til

6:30 after feeding 4 times

May 29th

James no spit
and fine this week!

Very tired

sticking hand down back
of diaper & smelling it is
weird look on face

woke up in nightmare

crying

water & back to sleep

Ryan's really bad gas is

back since couple days
after mother's day went
let up no changes to diet

lost 2 time of visits super
dispondent - checked out

not like his regular self

picked up today at 7

and he was crying a lot
used hard to calm as
he was very worked up
in hysterics

exhausted wanted mom + back

100

223 6494

100

828 9198

July 13th 7:30

Get Ryan home
dependent on pick up
all over the place at
home, was rubbing and
making noise in the
carrier, never done

bum very red, scratch
on upper thigh and
humping the carpet

Ryan is screaming a lot
as well

250 352 7200

July 29th Hot day
1-5

Ryan returned in swim
diaper. Very Very hot,

Slept as soon as home,
heating up bad, cold bath,
lots of cold cloths,
skin on skin, still very
warm to touch. Very
Red in the face. lots of
gas. very wobbly

~~He~~ definitely heat stroke

gave lots of fluids
cooled down, skin on
skin.

Oct 29, Sun 2:00

Andrew refused to give me Ryan until I told him where I lived. Ryan was screaming in the truck while Andrew and his aunt Dorothy accosted me for information. I called the police

put hand on door on his hand, and he said it was assault, called police

as conversation was going nowhere and getting dangerous. Ryan is distressed.

Happy to be home. It's bad as weekends before

Mon 7:00 andrew drove up with Julia

They did not stay for dad's night.

Ryan was completely checked out. He was responding to some seemed drunk.

all over place at home, crying & coughing/chooking

fracked over diaper change.

falling all over, seemed drunk.

didn't want beds for hours

In really rough shape, totally insecure and avoidant.

hug me & Dave
embracing head lots of
hug. Hugging & kissing
at same time. Very very
tender pinching me
and putting mouth to
my crotch area as
well as trying to
touch throat while
breast feeding.

Dec. 24 / 17 - Evening.

While holding Ryan, he keeps
turning my face left or right
w/ his hands & trying to open-
mouth kiss me on my mouth.

He also kept throwing himself
backwards, out of my arms but
would cry if I put him down.

When he was finally asleep & I
put him down in bed, he reached
out and leaned up & made a
squeaking noise (while still asleep)

-David

Jan. 7 / 18 5:00 pm

Ryan was dropped off early with
'his' diaper as full of pee & poop as
humanly possible.

-David

Jan 8 / 18 morning

Andrew called Ashley from an
unknown number to cancel the
visit for today. He didn't ask to
reschedule.

-David

Jan 14 / 18 evening

Andrew cancelled tomorrow's
visit & did not ask to reschedule.

Also, Ryan now points at Ashley's
crotch when he wants the boob, not
at her breast.

-David ~~cancelled~~ ^{of early}
~~11:50~~

Jan 15 Cancelled did
not want to reschedule

head & drove away.
-David

Jan. 23/18 9:56 pm

It took just under 3 hours for Ryan to fall asleep. He was all over the place. Took him for a 15-20 min walk outside. When back inside he didn't want to be held or rocked but, when let down, would smash his head on the walls or floor. He didn't smile. He'd scream for food but then just throw it on the floor. He'd cry for boob but then pull off & point at me (but wouldn't want to be picked up). He finally lay on the floor for 10-15 min while I sang to him then he wanted boob again and finally passed out.
-David

Sat Jan. 27/18 @ 4:07 pm

Andrew's mom circled our cul'de sac in her car a few times then drove off.
-David

Feb. 1/18 @ 9:00 pm

Ryan was rubbing his foot on Ashley's boob. Then, while changing him, Ryan started gasping & screaming when she wiped him. His anus is bright red.

-David

Feb. 4/18 @ 6:12 pm

Ryan came back from the weekend & is trying to open-mouth kiss Ashley.

-David

Feb. 11/18 @ 3:53 pm

Andrew dropped off Ryan an hour early (at my work). He showed up with Ryan alone. We waited about 1.5 - 2 minutes for Julia to show up. Ryan is sick & Andrew dropped him off with a full sick poop diaper.

-David

Feb. 11/18 @ 7:00 pm

Ryan didn't want Ashley's hands on him when she was bathing him. He

(→) 11

and holding his feet above his head with his hands while being changed. His anus is really red & his legs are very bruised (as well as his head). He is completely restless on the bed. (Pictures & video taken)
-David

March 27 / 18 - 12:30 am
Ryan has woken up 4 or 5 times already. He is super scared and really gasy.
-David

March 29 / 18 - 5:00 pm
Laura verbally attacked Ashlee for about 20 mins in front of the library.
-David ^{beside} pizza place ^{next to} stop dec 2

April 1 / 18 - 5:21 pm
~~Ryan~~ is neurotic about his feet again. He has to chew hard on things when being changed. He has bruises on his legs, buttocks and his teeth are yellow / stained (pictures taken). He vigorously humps Ashlee when breast feeding (video taken).
David

April 1 / 18 - 9:34 pm
Ryan is choking in his sleep & is terrified.

-David

April 4 / 18 - 9:16 pm
Ryan is very forceful with his feet. He rubs them on Ashlee's crotch when breast feeding & earlier he tried to put them down the front of her pants.

-David

April 5 / 18 - 8:10 pm

Ayan is hiding to poop. He has also said "backpack" & "tape".

-David

April 9 / 18 - 12:11 pm

After being gone only one night, Ryan came back much better than he usually does. Doroth alone, picked him up & dropped him off. Ryan says "meow" & "woof" when asked what kitties and doggies say.

-David

May 14/18 - 8:32 pm

Ryan is crying excessively, after bath, to put ~~clean~~ clothes on.

-David

May 14/18 - 8:48 pm

Ryan is throwing fits over every little thing. A week of progress has been undone by a 2 hour visit.

-David

P.s. he's also been gasping since he has been home

May 15/18 - 2:35 am

Ryan woke up & started smashing his head into the wall

David

May 15/18 - 11:27 am

Ryan freaks out for diaper changes...doesn't want his clothes taken off. He also screams over anything.

-David

May 17/18 - 5:03 pm

Ryan screamed all the way on the bus. Andrew laughed at him.

-David

May 20/18 - 5:04 pm

Ryan is unresponsive. Won't talk, won't smile, won't make eye contact, doesn't want to walk by himself. When asked if he wanted boob, he pointed to Ashley's ecstach.

-David

May 20/18 - 9:51 pm

Ryan is waking up randomly, screaming bloody murder & unaware where he is.

-David

May 21/18 - 1:29 am

Ryan is grinding his teeth like crazy in his sleep.

-David

May 21/18 - 10:31 am

All Ryan has done this morning is scream, pound his head on the floor & hit James.

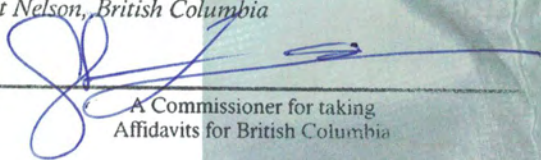
-David

May 24/18 - 3:07 pm

Ryan has been upset all day and refuses to sleep.

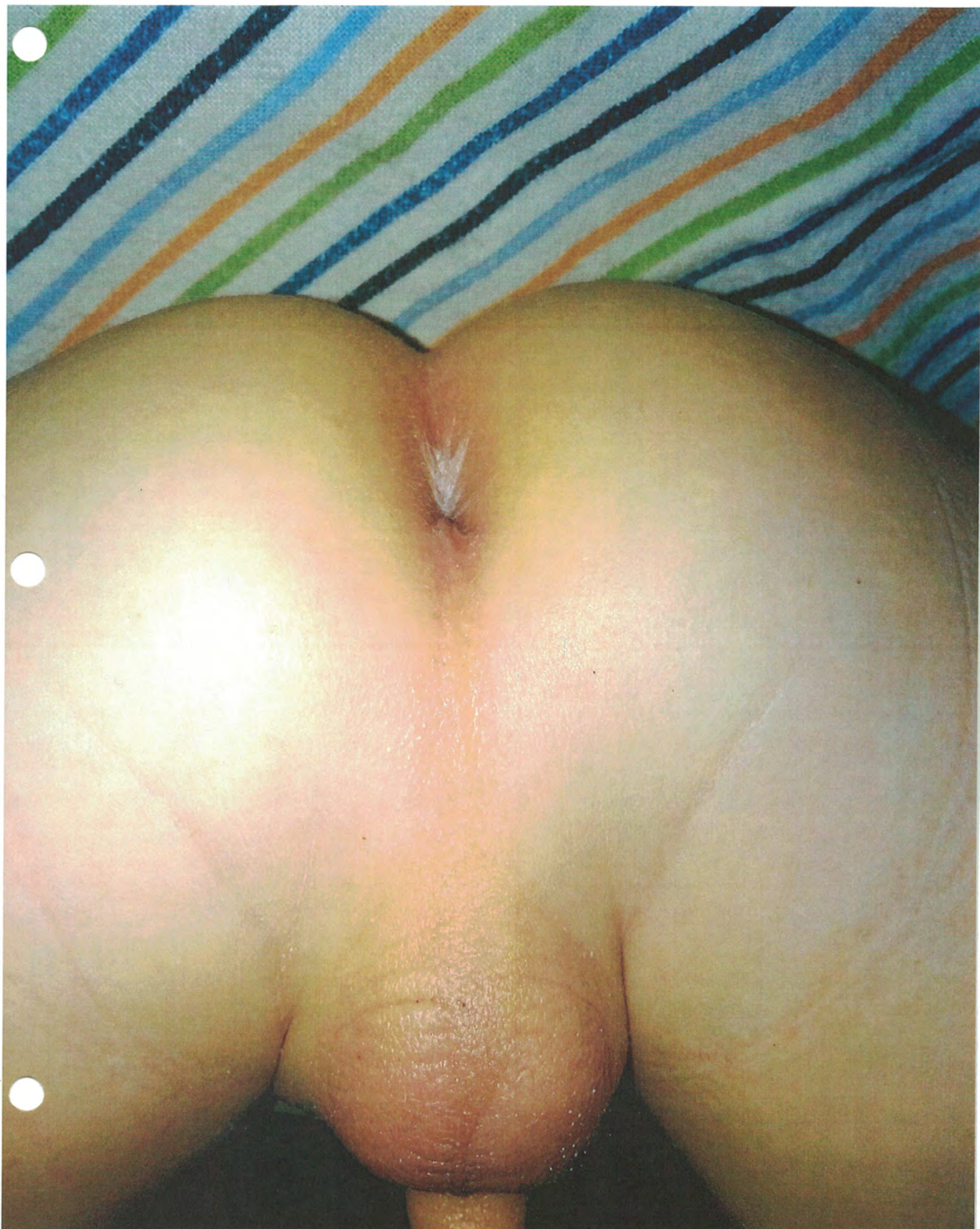
-David

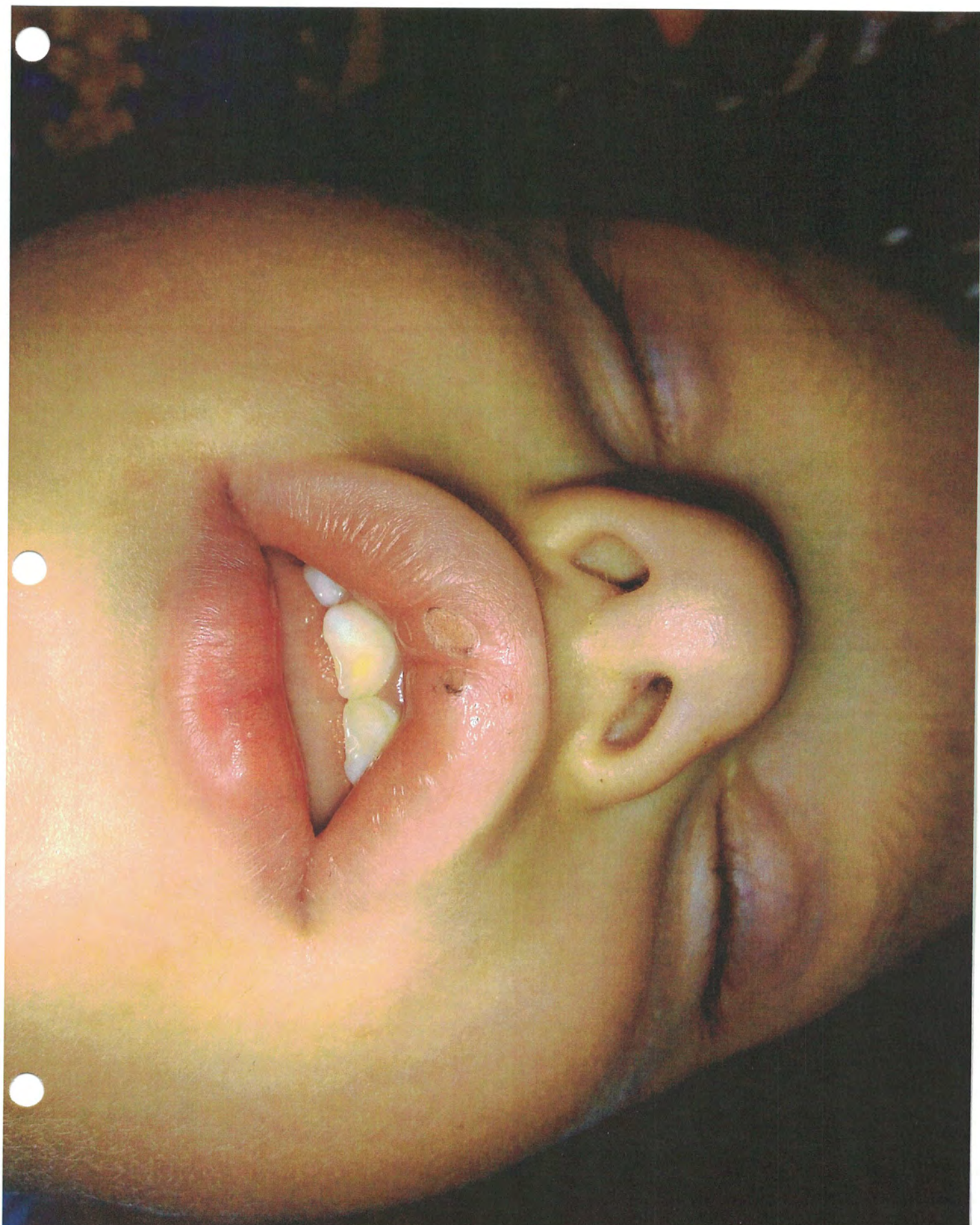
This is Exhibit " N " referred to in the
affidavit of Ashley Smith pictures
sworn before me this 2 day of Nov 2016
at Nelson, British Columbia


A Commissioner for taking
Affidavits for British Columbia



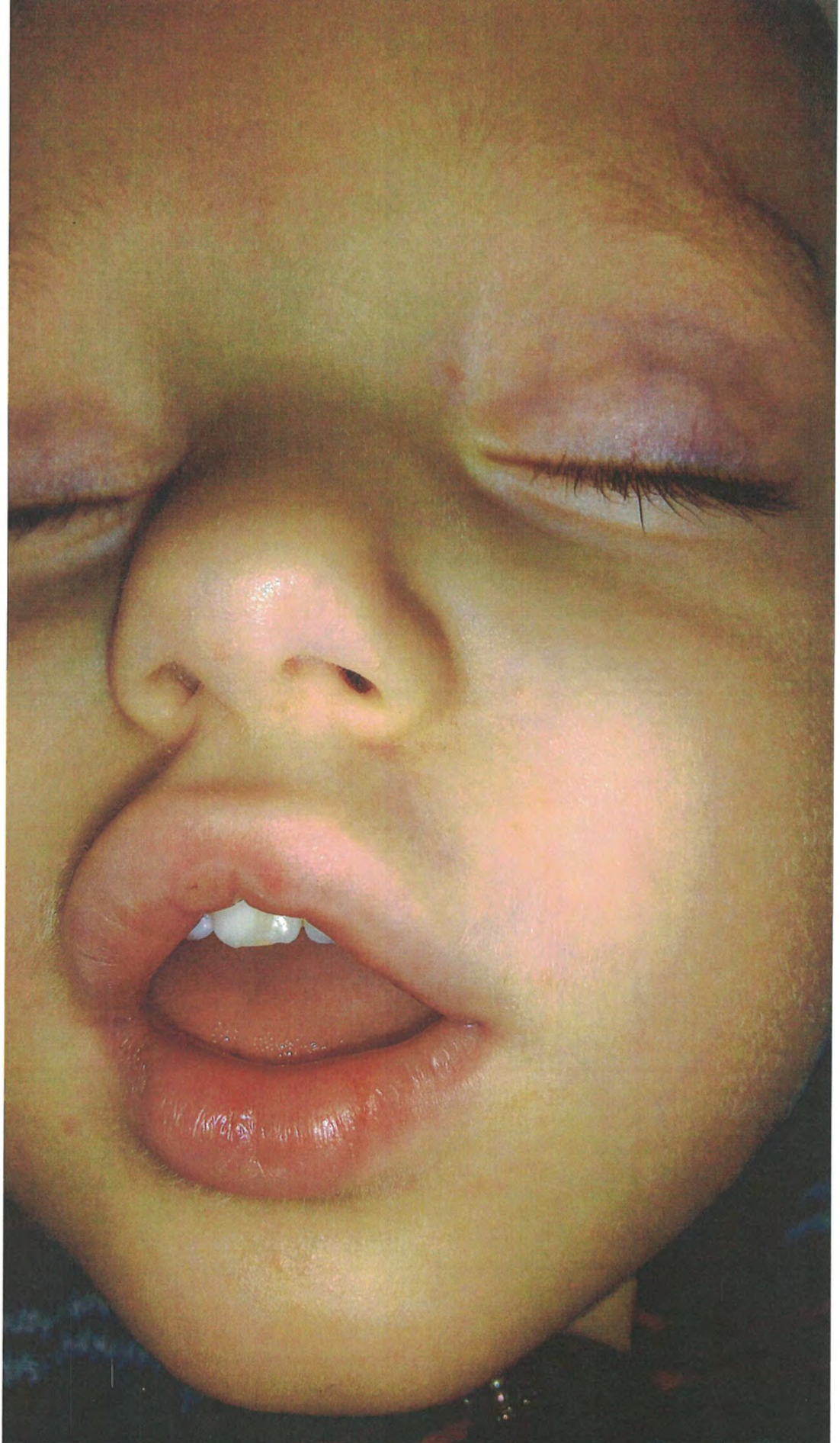












7

THIS IS EXHIBIT " D " TO THE
AFFIDAVIT OF Ashley Smith, Dr Peel Assessment
SWORN BEFORE ME ON Nov 19, 2018


A COMMISSIONER ETC

Jane Scharf
Licensed Paralegal
508-261-1111

Helen Peel, Clin.Psy.D., R. Psych
Suite #307-625 Front Street
Nelson, BC V1L 4B6
Phone: (250) 352-6600 Fax: (250) 352-6648

CONFIDENTIAL

Summit Psychology Group

To: Ashley Smith Fax: 1-866-544-9981
From: Dr. Helen Peel Date: November 14/2018
Re: _____ Pages: 8 (incl. cover page)

NOTE: The following document is confidential and should be read only by the named recipient. If you are not the named recipient or an agent authorized to deliver it to the named recipient, you are hereby notified that your review, dissemination, or copying of the following document is prohibited. If you have received this document in error, please notify us immediately by telephone and return the original documents to us by mail. Thank you.



As requested



¹JEFF MARTZKE, PH.D., R.PSYCH., PRACTICE IN CLINICAL NEUROPSYCHOLOGY MARTZKE@SUMMITPSYCHOLOGY.ORG

¹HELEN PEEL, CLIN.PSY.D., R. PSYCH., PRACTICE IN CLINICAL PSYCHOLOGY DRHELENPEEL@SUMMITPSYCHOLOGY.ORG

¹ROBIN SWIFT, M.ED., R.PSYCH., PRACTICE IN CLINICAL PSYCHOLOGY RSWIFT@SUMMITPSYCHOLOGY.ORG

²SANDRA THOMPSON, PH.D., R.PSYCH., PRACTICE IN CLINICAL PSYCHOLOGY THOMPSON@SUMMITPSYCHOLOGY.ORG

CONFIDENTIAL PSYCHOEDUCATIONAL ASSESSMENT

This report is confidential and should not be duplicated without the individual's consent.

NAME	Ashley Smith
DATE OF BIRTH:	April 26, 1985
AGE:	33 years
REFERRED BY:	Savina Kelly (Case Manager, Kootenay Career Development Society)
DATE OF ASSESSMENT:	October 19 & 30, 2018
DATE OF REPORT:	November 5, 2018
PSYCHOLOGIST:	Dr. Helen Peel
PSYCHOMETRIST:	Ms. Alix Brown, MC

REASON FOR REFERRAL

Ms. Smith was referred for a Vocational Psychological Assessment by Savina Kelly (Case Manager, Kootenay Career Development Society). Ms. Kelly noted that Ms. Smith is "unemployed, receiving income assistance, and is obligated to participate in the EPBC employment services". She added that Ms. Smith "Has been participating in the EPBC programs and services for the past several months, but has yet to achieve employment. It is clear that the client's emotional state is impeding her capacity to seek and secure employment". Ms. Kelly noted that "Ms Smith has been meeting program participation obligations without fail". A Psychological Vocational Assessment was requested to "provide insight into the clients current state as it relates to employment" and "help the client identify barriers to employment and act as a guide for future participation and requests for supports offered through the EPBC programs and services".

The purposes of the assessment, legal limits of confidentiality, and where the report would be distributed were explained to Ms. Smith who indicated her understanding of this information and her agreement to it.

It was explained to Ms. Smith that the current assessment does not constitute a parental capacity or a psychiatric assessment, and is not intended for use in court cases surrounding custody or parenting of her children.

BACKGROUND INFORMATION

Ms. Smith is a 33-year-old woman residing in Nelson, BC, with her children who are aged 4 and 2 years of age. She is in a romantic relationship with a partner who is reportedly very supportive of her and the children. In Ms. Smith's family of origin there is a reported history of dyslexia, stuttering and alcoholism.

¹SUITE 307 - 625 FRONT STREET NELSON BC V1L 4B6 PH. 250.352.6600 FX. 250.352.6648

²209 - 14TH AVENUE NORTH CRANBROOK BC V1C 3W3 PH. 250-489-0919 FX. 250-421-7241

Ms. Smith reported that she was born at term and her biological mother is an alcoholic, who may have been drinking alcohol during her pregnancy with Ms. Smith. Ms. Smith reported that in infancy she was not cared for properly and may have been undernourished. She was not able to provide details of her developmental milestones. Ms. Smith reported that she did well in grade school and achieved her Grade 12. She went on to study 2.5 years of a computer science and business degree, which she did not complete because she had plans to start a farm with her father.

Ms. Smith has no history of seizures, head injuries or chronic health problems. She had received dental surgery and a cesarean section in her life time. She smokes cigarettes and drinks coffee. Ms. Smith denied any current drug use and stated that she was not taking any medications.

Unfortunately at the time the current assessment Ms. Smith was under very significant stress because of custody issues relating to her two sons. For the sake of their confidentiality, and because current legal proceedings are in process, specifics of this situation will not be provided in this report. It is important to note however that during the current assessment Ms. Smith spent a great deal of time describing her highly significant concerns about her sons' safety and the custody arrangements. This situation is reportedly taking up significant amounts of time as well as emotional energy. Ms. Smith has been representing herself in court, which has also taken a great deal of time and effort.

In terms of her own mental health Ms. Smith noted that she is not sleeping well, partly because she is still waking to breastfeed, and partly because she is thinking a great deal about her son's safety and the custody situation. She denied current nightmares. She reported having poor appetite with weight loss, and also noted that she has no sex drive due to trauma. She reported hypervigilance related to phone calls and emails about the situation with her children. She noted that she does not feel that her brain functions as effectively as it used to because she is under so much stress. Ms. Smith reported that playing videogames (Minecraft) is de-stressing for her.

Ms. Smith reported that she has had various jobs including working at the laundromat, in call centres, doing billing and sales for Rogers Wireless, in retail, answering phones, and doing painting. She had not worked since her first son was born, 4 years prior to the current assessment

TESTS ADMINISTERED

- Personality Assessment Inventory (PAI)
- Wechsler Adult Intelligence Scale, 4th Edition (WAIS-IV)
- Wechsler Individual Achievement Test, 3rd Edition (WIAT-III)

BEHAVIOURAL OBSERVATIONS

Ms. Smith presented in clean clothes, with good eye contact. During interview she was very preoccupied by concern for her children's safety and the current custody situation. She was

observably anxious, distressed and upset when speaking about this and would frequently return to this topic. Before results were provided, an EMDR technique called The Flash was administered to help Ms. Smith to feel less anxious both physiologically and psychologically, so that she would be able to take in the results provided to her. After this technique she was significantly calmer and it was observable that her thinking processes were more efficient when calm.

During testing Ms. Smith initially presented as very anxious, with limited eye contact. She did however engage with the testing technician within a few minutes. She spontaneously reported feeling anxious about testing because of "traumatic experiences" over the past two years. She was preoccupied by these traumatic experiences and mentioned this several times during the testing day, especially because she noted that her brain does not function the same as it used to prior to these traumas. Ms. Smith also noted that she was triggered by a test item that mentioned a crying baby. Ms. Smith presented as concerned about her performance and noted that she can be hard on herself, with a tendency to pressure herself to perform well.

Ms. Smith's attention and focus were generally good except on the occasions noted above, and during the listening comprehension subtest when she noted "I zoned out". The results of the current assessment are considered to provide an accurate representation of her current cognitive and academic abilities. At the time of the current assessment Ms. Smith described herself as being under highly significant emotional distress, in her life generally. If she were tested at a time in her life when she was under less stress, her scores on the following tests would likely be higher.

RESULTS

INTELLIGENCE

Ms. Smith's IQ was measured using 10 subtests of the Wechsler Adult Intelligence Scale, 4th Edition (WAIS-IV).

Scale	Standard Score	Percentile *	Classification
Verbal Comprehension	98	45	Average
Perceptual Reasoning	116	86	High Average
Working Memory	88	21	Low Average
Processing Speed	106	66	Average
Full-Scale IQ	104	61	Average

**A percentile ranking refers to the percentage of adults of similar age who would be expected to score equal to or below the person being assessed on that particular measure. In general the average range of ability is considered to be between 25th and 75th percentile.*

ACADEMIC ACHIEVEMENT

Ms. Smith's academic skills were assessed using all subtests of the Wechsler Individual Achievement Test, 3rd Edition (WIAT-III)

WIAT-III Subtest/Scale	Standard Score	Percentile	Classification
Listening Comprehension	93	32	Average
Oral Expression	89	23	Average
Pseudoword Decoding	81	10	Below Average
Word Reading	96	39	Average
Reading Comprehension	96	39	Average
Oral Reading Fluency	92	30	Average
Spelling	98	45	Average
Sentence Combining	69	2	Low
Essay Composition	110	75	Average
Grammar and Mechanics	113	81	Average
Numerical Operations	97	42	Average
Math Problem-Solving	106	66	Average
Math Fluency	85	16	Average

MENTAL HEALTH

Ms. Smith completed the Personality Assessment Inventory. Validity scales suggest that these results represent a valid description of Ms. Smith's mental health. There was no indication that she was over or under-reporting symptoms, malingering, or being overly careless or defensive in responding.

There were *Clinically Significant* elevations on the following scales: somatisation (conversion), affective and physiological symptoms of anxiety, traumatic stress, physiological symptoms of depression, hypervigilance, feelings of being persecuted, and negative relationships with others.

CONCLUSIONS AND RECOMMENDATIONS

INTELLIGENCE

- Ms. Smith's greatest area of cognitive strength is her perceptual reasoning. She scored within the *High Average* range (86th percentile). She will therefore function best in jobs which require hands-on/ visual abilities and reasoning.
- Ms. Smith's verbal comprehension is within the *Average* range (45th percentile). She therefore understands what is being said to her and can articulate her own thoughts adequately.
- Ms. Smith's processing speed is also within the *Average* range (66th percentile). Her speed of thinking is therefore normal.
- Working memory was Ms Smith's least developed area cognitively. She scored within the *Low Average* range (21st percentile). This may be related to her extremely high stress levels. Stress and trauma impact our attention, which in turn impacts our memory.

- Despite this, Ms. Smith certainly has adequate memory skills for day-to-day functioning, but may require extra repetition and practice to learn concepts, particularly when she is under stress.
- Ms. Smith's Full-Scale IQ is within the *Average* range (61st percentile) and she does not have an intellectual disability.

ACADEMICS

Listening and Oral Expression

- Ms. Smith scored within the *Average* range for both listening comprehension (32nd percentile) and oral expression (23rd percentile).
- This demonstrates that her listening and verbal skills are normal.

Reading

- Ms. Smith scored within the *Below Average* range for her phonetic skills (pseudoword decoding 10th percentile). Sounding out words is therefore an area of relative weakness for Ms. Smith and she would benefit from using technology to help her sound out unfamiliar or new words.
- Ms. Smith's word reading skills are within the *Average* range (39th percentile).
- Reading comprehension was also in the *Average* range (39th percentile).
- When asked to read words aloud fluently, Ms. Smith scored within the *Average* range (30th percentile).
- Ms. Smith's reading skills are adequate for most types of employment and she does not reach criteria for any learning disability with reading.

Writing

- Ms. Smith's spelling is within the *Average* range (45th percentile).
- She scored within the *Average* range for essay writing (75th percentile).
- Ms. Smith's grammar and mechanics skills are also within the *Average* range (81st percentile).
- Ms. Smith scored within the *Average* range for sentence building (30th percentile).
- When asked to write original sentences containing a particular word Ms. Smith scored within the *Average* range (30th percentile).
- Ms. Smith's writing skills are within the normal range and adequate for most types of employment. She does not reach criteria for any learning disorder diagnosis with writing.

Math

- Ms. Smith scored within the *Average* range for both math problem solving (66th percentile) and for math calculations (numerical operations, 42nd percentile).
- When asked to complete simple math tasks quickly, Ms. Smith also scored within the *Average* range (math fluency: 16th percentile).
- Ms. Smith's math skills are adequate for day-to-day life and for most types of employment.
- Ms. Smith does not reach criteria for any learning disability diagnosis in math.

Mood

- Ms. Smith reports experiencing severe daily symptoms of anxiety in relation to concerns about her children's safety and the current custody situation.
- At present these symptoms are so severe and preoccupying that they have prevented Ms. Smith from being able to apply herself to seeking employment.
- Furthermore the court cases she has been involved in have reportedly taken up a great deal of time because she cannot afford legal counsel and so is representing herself. Again this has been a barrier to her having time to seek employment.

Opinion

Although the results of the current assessment are likely an underestimation of her true cognitive and academic abilities, Ms. Smith has many cognitive and academic strengths which would be appealing to employers and beneficial to her in achieving and maintaining successful employment. Based purely on results of the academic and IQ tests, Ms. Smith would do particularly well in jobs which require hands-on and visual reasoning. Her verbal skills, processing speed, reading, spelling, writing and math skills are all adequate for many different types of employment.

At the time of the current assessment Ms. Smith described exceptionally stressful circumstances surrounding the safety and custody of her children, and noted that this situation has been her priority and focus for the past two years.

The current assessment does not constitute a full psychiatric assessment. To make a differential diagnosis would require the gathering of collateral data as well as extensive interview. The complexity of Ms. Smith's situation makes this beyond the scope of the current Psychological Vocational Assessment. I am therefore not making mental health diagnoses due to insufficient information.

Based on the degree of anxiety and stress both described and observed in Ms. Smith, in my opinion she is currently unable to participate in seeking employment. I consider Ms. Smith disabled from employment until she has more certainty about the future and safety of her children, and until her own symptoms of anxiety and stress levels are reduced significantly.

Recommendations

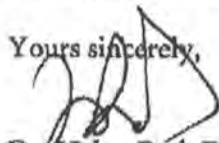
- **EMDR.** Ms. Smith repeatedly mentioned traumatic experiences which continue to negatively impact her day-to-day life. Eye Movement Desensitisation and Reprocessing is a highly effective treatment for trauma and it is recommended that Ms. Smith attend for this. Funding for this may be available to her through the Crime Victims Assistance Program.
- **Cognitive Behaviour Therapy (CBT).** This practical treatment is a highly effective treatment method for treating stress and anxiety. Ms. Smith could receive this treatment for free at Nelson Community Services (201-518 Lake Street, Nelson, BC, V1L 4C6, phone 250-352-3504).

- **Cut out caffeine.** It is recommended that Ms. Smith avoid caffeine and nicotine, since these are both known to worsen anxiety because they are stimulants.
- **Anxiety management apps.** The apps "Relax" and "Don't Panic" by Andrew Johnson, and the meditation app "Headspace" are all recommended to provide Ms. Smith with methods for reducing her stress and anxiety.
- **Regular exercise** has been shown to have beneficial effects on stress and anxiety. It is strongly recommended that Ms. Smith find a physical activity that she enjoys, and that she engage in it regularly, preferably daily.

Thank you for referring Ms. Smith for this assessment. The results of the current assessment were provided verbally to Ms. Smith on October 30, 2018.

Please contact me if you have further questions or require clarification.

Yours sincerely,



Dr. Helen Peel, Registered Psychologist #1790

cc:

Ms. Savina Kelly, (Case Manager, Kootenay Career Development Society)

THIS IS EXHIBIT " E " TO THE
AFFIDAVIT OF Ashley Smith, MCFD Report
SWORN BEFORE ME ON Nov 19, 2018


A COMMISSIONER ETC

Jane Smith
Licensed Paralegal
#208408



Report to the Provincial Court of British Columbia Form A

In the Provincial Court of British Columbia
Under the *Child, Family and Community Service Act*

Court Number:	3555
Court Location:	Nelson

I, **Bonnie Pattyn** as a delegate of the director under section 92 of the *Child, Family and Community Service Act*, present this written report to the court.

The children listed below are under the age of nineteen years, and are the subjects of this report:

Names	Date of Birth (YYYY-MM-DD)	Sex
David Ryan Smith	2016-Oct-03	Male
Dorothy English	2018-Apr-09	Female

The following are the parents or siblings of the children :

Name	Relationship to child
Ashley Jean Smith	Mother
Address	Phone (home) Phone (work)
302 - 505 Beasley St W, Nelson, BC, V1L 5X3	(250) 352-7200
Name	Relationship to child
Andrew English	
Address	Phone (home) Phone (work)
115 Balsam St, Ymir, BC,	

If the child is aboriginal, the following is the name of each child and

- (a) the name of the Indian band of which the child is a registered member or is or entitled to be a registered member,
- (b) the name of the treaty first nation of which the child is a treaty first nation child,
- (c) the name of the child's aboriginal community, or
- (d) if the child is a Nisga'a child, the Nisga'a Nation

Child's Name	Indian band, treaty first nation or aboriginal community name or Nisga'a Nation

Facts of Removal

The children were removed on the following date and at the following location:

Date and time	Location
October 30, 2018 at 3:00 PM	302 - 505 Beasley West Street Nelson, British Columbia

By and in the presence of:

(first list the person removing the children and then any other person(s) present at the time of the removal)

Name
David Barron (Step father) David Ryan Smith (child), James Basil Smith (child), Social Worker Sara Makortoff, Sergeant Hoy, Constables Mirva and McKerracher.

The circumstances that caused the director to remove the children are as follows:

Ashley Smith and Andrew English have been involved with MCFD since 2016 when David Ryan Smith was a month old. MCFD has had multiple reports regarding allegations that Andrew had been sexually intrusive with both of Ashley's sons, David Ryan and James. Ashley has alleged that due to the children's behaviours and some overheard conversations that she is justified in the allegations. The first allegation on November 21, 2016 was that James was "sexually fused" and Ashley believed that it was Andrew who was sexually abusing him. She alleged that James grabbed her hand and put it on his penis when she was putting him to bed. Ashley then asked him if he had been touched down there and he said "yes". She also reported James moaned and moved his head up and down.

Two days later there was a report regarding concerns that an incident had occurred between Andrew and Ashley. Andrew could hear Ashley getting angry with the baby so he went into her room. She was angry that the baby accidentally kicked her tummy while feeding. James took the baby to calm the baby down as baby was crying. He laid on the couch and baby fell asleep on his chest. Ashley came out of the room and tried to engage in an argument with Andrew. Andrew said he was not responding which made Ashley more angry. Andrew could not remember what they were arguing about. Ashley then punched Andrew in the face. Andrew got up and grabbed the cigarette out of Ashley's mouth, while holding the baby.

The next morning Ashley confronted Andrew saying something had happened between him and James. She said that James took her hand and put it over his penis. Ashley then told Andrew that James had tried to touch her in a "sexual manner". Andrew did not know what she meant by that comment. Ashley said "I know something has gone on" and then said that James told her that something had gone on between them. Andrew was confused by this as James cannot form sentences.

The following day Ashley accused Andrew that he put his finger in James' bum and according to Andrew, she based this on seeing James trying to put his own finger into his bum. Ashley asked Andrew to just admit what had happened. Ashley said she wanted him to leave and so Andrew did.

The concerns of sexual abuse were not substantiated from the reports in 2016. Ashley had fled with her children in 2017 and was court ordered to bring the children back from Ontario. While residing in Ontario, Ashley was connected to a number of support services and concerns were noted regarding Ashley's mental health and how it was affecting her children.

In May 2017 a further report was received. Baby David arrived at the hospital with his mother, Ashley. Ashley stated that David had access with his father, Andrew that day from 12:00-14:00. Ashley was concerned that Andrew may be inappropriately touching David. Ashley believes she found a pubic hair in the David's diaper that day and believes he has a rash around his anal region.

Caller did not find any signs of sexual abuse during his exam. Sexual Assault nurse attended. Anal region was slightly red but could be diaper rash. David had been swabbed and DNA results will be back in few days. This information was included in the initial assessment through MCFD.

In August 2017 a call that a mother, Ashley Smith brought her toddler, David Smith, to the hospital stating that she is concerned that when her son returns from being in his fathers care he presents with marks that she is concerned about. Furthermore, mom told the caller that she is concerned that the father is touching the child's genitals and anus.

Mom informed that she had the child returned to her care around 19:00 hours and she observed that the child's anus was widely dilated and had pink discharged. Mom also told the caller that the child's anus presented as purple, swollen and inflamed. The caller advised that the child was examined at approximately 21:00 hours and the caller informed that they was nothing concerning in the exam.

The caller advised that the child is bright active and happy and he had normal bruising in relation to that of a toddler learning to walk. The caller informed that the child had a normal genital exam. The caller informed that the child is obsessed his his genitals and the caller informed that the child did discovered his own genitals but there was not abnormal in regards to an 11 month old.

The mom told the caller that her son will kiss her and put his tongue in her mouth. Mom also mention that when she was in a relationship with dad he was obsessed with her anus. Mom told the caller that she also has concerns with her older child as well (name/DOB: unknown) and that the family has had various levels of court involvement as well as SW and counselling support.

The caller informed that mom had her toddler, David, examined on May 14, 2017 by Dr. Wiedrick and the doctor did think that there appeared to be a mild irritation around the child's anus. The caller informed that the child was examined by a sexual assault nurse specialist whom collected swabs and did urine and drug screening all of which were negative. The caller advised that there were no STDs such gonorrhea.

The caller informed that as per tonight there is "no clear cut evidence" of sexual abuse tonight. Mom told the caller that in her opinion dad is a pathological liar. The information was not coded in as a protection report.

On August 18, 2017 a further report was received with the following information. Caller said that the mother, Ashley disclosed to her that her ex-partner and father of 1 year old, David has visits with her son, 3 times per

week for 2 hours. Caller says that the visits are supervised by third parties, who are family members.

Caller said that, after this past Saturday's visit, August 12, 2017 the child, David was extremely distressed and showed strange behaviours. Caller said the mother told her that "the child defecated two to three times and had a white discharge from his anus, his anus was red, and was dilating and contracting over and over".

On August 29, 2017 there was a report that mom was mad and rough with David. There was also concerns that David was pale and underweight. Allegedly Ashley was refusing that David go to the doctor. That same day another caller called in to say that Ashley was yelling in the community that Andrew was a pedophile and reported that Ashley told her that her 2 year is trying to give the baby blow jobs, stick his finger in his bum, and that he is learning this from Andrew. James appeared in good health at the conclusion of MCFD involvement regarding this concern. There was enough concern regarding Ashley's mental wellbeing that a family service file was opened to offer support services such as daycare.

In January 2018 a caller called to report that police attended around 18:50 hours the house of Smith Ashley (mother) located at # 302 505 Beasley St W, Nelson BC. The caller said that police was called by a concerned neighbour that said to them he had heard for almost an hour a lot of yelling and swearing. The caller said that the neighbour told them there were people screaming yelling and screaming in the house.

The caller said that when police arrived Ashley opened the door and said to them that James her son (3 years old) has just calmed down. The caller said that Ashley said to police that James was having tantrum. The caller said that James did not want to go to sleep and was screaming. The caller said that she tried to calm James down but James will not listen to her. The caller said that Ashley was quite upset and angry at the incident and continued telling police that James is acting out because of ex-partner Andrew. When SW Johnson completed the response to the concerns Ashley reported that David appeared fearful of her breast and that James was sexually intrusive with David. Ashley had become overwhelmed with the tantrum and was yelling "I don't know what to fucking do". Further concerns were that Ashley was taking photos of her son's buttocks and genitalia following visits to "prove" he was being sexually abused.

In July 2018 there was a call regarding concerns that David had a bruise on his cheek, knee and some scrapes when he came for a visit with his father. Initially there was concerns that one of the bruises looked suspicious and the allegation was that David had communicated that his mom "hit" him.

In August 2018 there was concerns that David had returned from his fathers and that the foreskin on his penis had been retracted. There was a further hospital visit in October where Ashley was informed and came to the hospital stating that Andrew was sexually abusing David.

In October 2018 there was a report made to Nelson City Police that SW Brown and two NCP officers had ejaculated on Ashley's son's face.

On October 26, 2018 a report was received with caller reporting that Ashley (mom) brought David into the clinic on October 23, 2018 with an allegation that she suspected David had been sexually abused by his father, during a visit.

David came back from a visit with his dad and Ashley said that there are new sexual abuse concerns. Ashley stated that David was more clingy when he came back, he seemed more upset, his bum hurt, it was painful when he passes a stool, she has observed anal winking (a contraction of the sphincter when the skin around the anus is stroked) and that he had scratches on his inner thigh (caller did not see any scratches).

On October 30th the Nelson City Police were notified regarding the most recent incident regarding possible sexual interference. The police felt that there was concern for the children's safety and therefore they were going to have Ashley assessed under the mental health act. Once at the home SW Makortoff met with step father David Baron as Ashley was not at home. He reported that David had concerning behaviours when he returned from his father. SW Makortoff recognized that these behaviours are not uncommon in transition for any separated parents that split parenting time. David went on to say that he and Ashley conduct thorough examinations of Ryan's anus prior to and following a visit with Andrew English. David explained they have several gigs of photos and video they have recorded of Ryan's anus. The Ministry of Children and Family Development have also become increasingly concerned regarding the allegations of the children having being sexually abused with no substantiations. Further concerns are that the children were being emotionally harmed by Ashley's conduct as well as concerns that the constant prodding and photographing of the children's genitalia could cause harm. Given the ongoing concerns the decision was made to remove the

children from Ashley's care in consultation with TL Pattyn.

Domestic Violence

The likelihood of physical harm to the children increases when the children are living in a situation where there is domestic violence by or towards a person with whom the children reside (section 13(1.2)).

The director has reasonable grounds to believe that the children:

- ☐ are living in a situation where there is domestic violence by or towards a person with whom the children reside.
- ☒ are not

Statutory Authority for Removal

The children were removed in accordance with the following:

- ☒ section 30 of the *Child, Family and Community Service Act* in the following circumstance(s) as described by section 13 of the Act:
- (a) ☐ the child has been, or is likely to be, physically harmed by the child's parent
 - (b) ☒ the child has been, or is likely to be, sexually abused or exploited by the child's parent
 - (c) ☐ the child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and the child's parent is unwilling or unable to protect the child
 - (d) ☐ the child has been, or is likely to be, physically harmed because of neglect by the child's parent
 - (e)(i) ☒ the child is emotionally harmed by the parent's conduct
 - (e)(ii) ☐ the child is emotionally harmed by living in a situation where there is domestic violence by or towards a person with whom the child resides
 - (f) ☐ the child is deprived of necessary health care
 - (g) ☐ the child's development is likely to be seriously impaired by a treatable condition and the child's parent refuses to provide or consent to treatment
 - (h) ☐ the child's parent is unable or unwilling to care for the child and has not made adequate provision for the child's care
 - (i) ☐ the child is or has been absent from home in circumstances that endanger the child's safety or wellbeing
 - (j) ☐ the child's parent is dead and adequate provision has not been made for the child's care
 - (k) ☐ the child has been abandoned and adequate provision has not been made for the child's care
 - (l) ☐ the child is in the care of a director or another person by agreement and the child's parent is unwilling or unable to resume care when the agreement is no longer in force
- ☐ section 36 (1) of the Act, which requires a director to remove the child if the director has reasonable grounds to believe that either or both of the following apply:
- (i) an order made under section 33.2, 35 (2) (b) or 36 (3) of the Act no longer protects the child;
 - (ii) a person has not complied with a term or condition of an order under section 33.2, 35 (2) (b) or (d) or 36 (3) of the Act and a director is required by that order to remove the child in the event of non-compliance.
- ☐ section 42 (1) of the Act, which requires a director to remove the child if the director has **reasonable** grounds to believe that either or both of the following apply:
- (i) that a **supervision** order made under section 41 (1) (a) or (b), (1.1) or (2.1), 42.2 (4) (a) or (c), 46 (3), 49 (8) or 54.01 (10) of the Act or an interim order made under section 42.1 of the Act no longer protects the child;
 - (ii) a person has not complied with a term or condition of the supervision or interim order and a director is required by that order to remove the child in the event of non-compliance.

Less Disruptive Measures

If the children were removed under section 30, the following less disruptive measures were considered before removing the children:

Ashley Smith has had access to many services referred by Ministry of Children and Family Development including: daycare, Family Support Worker, Parent Educator Liz Amaral, and Couples Counseling. Ms. Smith has utilized a number of supports independent of the Ministry of Children and Family Development including Women's Outreach Worker, Stop Violence Counselor, medical personnel including emergency room physicians, pediatricians, Doctors Loucras and Fitzsimons, mental health and police. There have been no findings of sexual abuse

perpetrated against David by Mr. English and Ms. Smith does not accept the various professional opinions. Given the amount of interventions David has been subjected to the Ministry of Children and Family Development has concluded that there are no least intrusive measures to protect the children other than removal at this time. David has had his genitalia examined many times by professionals and is subjected to an exam each time he returns home for parenting time with Mr. English. The continual examinations are tantamount to emotional and sexual abuse.

Interim Plan of Care

The children's current living arrangement is as follows:

The children, James and David Smith spent October 30, 2018 overnight in a Ministry of Children and Families approved foster home. The children were moved the following day and are currently residing with Dorothy English. Dorothy English is the paternal aunt of Andrew English who is the father of David Ryan Smith. The Ministry of Children and Family Development placed the children with Mr. and Ms. English because of the pre-existing relationship between James and David and Mr. and Ms. English (step great aunt) and because Mr. English is the biological father of David Smith.

Steps taken to preserve the children's aboriginal identity are: ☐ not applicable ☐ as follows:


The children's views on the interim plan of care: ☐ have been considered ☒ have not been considered

The parents: ☐ have ☒ have not been involved in the development of the plan.

Director's Recommendations About Care and Supervision and Access

The director recommends the following with regard to care and supervision of the children and access by any person to the children:

All access at the discretion of the Director.

Signature of the Director's delegate: 

Business address of Director's delegate: 566 Stanley Street Nelson, British Columbia, V1L 1N2

After-hours emergency phone number: 310-1234 Business phone number of Director's delegate: (250) 354-6480

Date: 2018-Nov-02

THIS IS EXHIBIT " F " TO THE
AFFIDAVIT OF Ashley Smith, Clerk notes
SWORN BEFORE ME ON Nov 19, 2018



A COMMISSIONER ETC

John B. Smith
Notary Public
2010000

Court Summary Sheet

Style of Proceedings

Court File #: NEL-P-F-3339

ENGLISH, Andrew (Applicant)

SMITH, Ashley (Respondent)

POR: ☐CFC: ☐

Appearance

Date/Time: 03-Oct-2018 09:30 AM

Adjudicator: Brown, R

Hearing Location: Nelson Law Courts

Adjudicator Method of Appearing: Personal Appearance

Courtroom #: 001

Adjudicator Hearing Restrictions:

Reason: Decision of a Judge on an Application

Actual Duration: 0:46

Exhibit Card:

Parties

Party/Attendee Names	Method of Appearing	Counsel/Agent Name	Method of Appearing
ENGLISH, Andrew	Present	Connolly, J	Present
SMITH, Ashley	Present	Vance-Grimand, D	Present

Documents

Seq #	Document	Result Description	Issue Description	Issue Result Description
42	Notice of Motion	The end or conclusion of planned appearances	2) INTERIM ORDER UNDER SECTION 216 OR 217 OF THE FAMILY LAW ACT	Order Made
			3) OTHER ORDER/APPLICATION - REMOVE SUPERVISION	Order Made
			4) OTHER ORDER/APPLICATION - APPLICATION SET FOR HEARING	
			5) OTHER ORDER/APPLICATION - CONSIDERATION OF S. 211 FLA REPORT	Order Made

Order Details

Type	Made	Duration	Term #	Terms of Order
ORD			1	The Applicant, Andrew Crofton ENGLISH, shall have parenting time as follows: a) Thursdays from 5:00 pm until 7:00 pm; b) Fridays at 12:00 pm (noon) until Sundays at 5:00 pm; c) one half of the number of days of the public school Christmas holidays on dates agreed upon, and if there is no agreement, then commencing on the first day of the public school Christmas break to include Christmas Day on even numbered years; d) one half of the number of days of the Easter school holidays to include Easter Day on even numbered years; e) one half of of the public school Spring Break on dates agreed upon and falling agreement, then to commence on the first day of that school Spring Break; f) one half of the Summer holidays on dates agreed upon, and falling agreement, pursuant to a rotating 14 consecutive day interval parenting time with each parent during the summer to commence on the first day following the last day of school in the public school system.
			2	Each party shall inform the other of attendance with the child with a medical professional and consent to release of information.

Clerk's Initials: SL

Printed: 22-Oct-2018 11:43 AM

CEISR035

THIS IS EXHIBIT " G " TO THE
AFFIDAVIT OF Ashley Smith David affid
SWORN BEFORE ME ON Nov 19, 2018


A COMMISSIONER ETC

Jane Schmitt
Licensed Paralegal
#106408

FEDERAL COURT

BETWEEN:

ASHLEY SMITH

and

FEDERAL GOVERNMENT OF CANADA

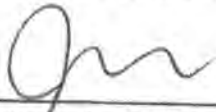
AFFIDAVIT OF DAVID BARRON

1. I, David Barron, of the city of Ottawa, SWEAR THAT:
2. I first met Ashley Smith in November of 2010 in Thunder Bay, Ontario. I came to British Columbia with Ashley as friends in August of 2013.
3. James was born September 20, 2014.
4. In early 2016, I helped Andrew move some belongings into a house he was renting. He told me not to touch some water bottles next to the door. He told me they were mixed with GHB. He then said, "Don't worry, I don't date-rape people; it's just a good muscle relaxant." I was helping due to the fact that he had some larger items to move and no other help.
5. I moved out of Ashley's home April of 2016 due to the conflicts and tensions rising in the house.. Ashley was pregnant at the time and Andrew was living in the house as well.
6. One day in the summer, while I was working with Andrew drywalling the kitchens at Nathan and Laura's house, Andrew told me (while speaking of Ashley), "I'm not even sexually attracted to her. I'd rather watch porn on my phone and jerk off." This was during the time he shared a bedroom with James.
7. On October 2, 2016, while Ashley and Andrew were at the hospital, my girlfriend at the time, Victoria, and I stayed overnight at Ashley's house as babysitters for James. At the time I noticed James had become more aggressive and he was excited to show me the hole in his bedroom wall and mime how Andrew had put it there. Andrew came home very soon after the birth and insisted we leave to be alone with James. And leaving Ashley at the hospital alone with the baby.

8. Ryan was born October 3, 2016.
9. I visited Ashley once or twice between April and October of 2016, for an hour or two each time, but was never alone with James.
10. I moved to Elkford, BC mid-October 2016 to work at the Teck Coal mines and worked there until late July of 2017.
11. I came back to Nelson for three days near the end of June 2017 to see Ashley and the boys while they were staying at a motel. This was the first time I had seen them in eight months. James was very sexual during bed time. He would pull down his pants and remove his diaper in bed and touch himself while looking at us. He became emotionally distraught when he was told that's not appropriate and Ashley put his diaper and pants back on. I was taken aback by the change I saw in him from the toddler I had previously known him to be and I started to understand what Ashley had been going through during the months leading up to this time. I was also saddened that James could even be like this.
12. I moved back to Nelson, BC in the end of July 2017 to live with Ashley and the boys for support. At this time, James would have furious outbursts that would take sometimes 45 mins to calm down. He would also experience night terrors and would wake up screaming. It was very difficult to put him to bed without an incident.
13. It was around this time that Andrew started having supervised weekend visits with Ryan. Some pickups were better than others. Sometimes Ryan would come home happy and chatting. Other times he would be shut down or exhibiting odd behaviours including, but not limited to, rubbing himself on the couch, trying to kiss us on the mouth, difficulty swallowing food, and being terrified of having his diaper changed.
14. It was also around this time that I started to help Ashley document what we were seeing in the children. Ashley was already having difficulty with the behaviors and it was very hard on her to see this. I helped by either writing in the journal and taking video and/or photos on my phone or Ashley's. We only physically checked Ryan after visits if his behaviour showed an emotional disturbance.
15. During a weekend drop-off (Friday September 21, 2018 at 4:55pm) Andrew encouraged Ryan to physically assault me. While holding Ryan, Andrew told him to hit me. Ryan leaned over and punched me in the shoulder. Andrew laughed and said, "Good, now kick him." Ryan didn't want to do that, so Andrew grabbed his legs and battering-rammed Ryan into me, all the while laughing.

16. Less than an hour later (at 5:45pm), I filed a report with the Nelson Police. The next day, the police contacted me by phone and agreed it was indeed assault and advised me to pursue the matter in family court.
17. I contacted MCFD as instructed and filed a report with them. I told them that the police had agreed that it was assault, however, the representative was rather rude and told me that it was not assault but rather a 'parenting style'.
18. On a later occasion, while picking Ryan up from a weekend visit, Andrew repeatedly told Ryan to smack me in the face
19. On Tuesday October 30, 2018, two officers from the Nelson Police Department showed up at the apartment wanting to speak to Ashley. I told them she was away at a meeting. They told me to have her stop by the department when she was finished so they could have a talk. About 45 minutes after they left, three more police officers and a Ministry worker showed up. The Ministry worker said she wanted to speak to me. I was told that the Ministry was concerned for the well being of the children in our house and that Ashley's mental state was to blame for that. The Ministry worker refused to speak about our concerns of Andrew English. She told me that they would be putting both children in a safe home until Ashley could undergo a psychiatric evaluation. I told her Ashley is currently at one, which was the reason I was home with the boys. Again, the Ministry worker refused to talk about even the possibility that Andrew English has, and, in David Smith's case, still is sexually abusing them. I told her that we have close to 50GB of photos and videos documenting odd or disturbing child behavior and physical markings from when David Smith comes back from visits with Andrew. She then asked me to quickly pack some bags for them. She told me they'd go to Dorothy English's house since she's David's great-aunt. I explained that James is afraid of them and the trauma he suffered from Andrew and demanded they not be put there. She assured me that they would, instead, be placed in a Ministry approved foster home.

Sworn before me at the City of Ottawa on November 19, 2018.



Commissioner for Taking Affidavits
(or as the case may be)



(Signature of Deponent)

Jane Scharf
Licensed Paralegal
#P06406